
State: Illinois **Filing Company:** The Medical Protective Company
TOI/Sub-TOI: 11.0 Medical Malpractice - Claims Made/Occurrence/11.0000 Med Mal Sub-TOI Combinations
Product Name: Allieds and Comprehensive Liability Coverage for Healthcare Program
Project Name/Number: Rate and Rule Filing/12-ILA-01

Filing at a Glance

Company: The Medical Protective Company
Product Name: Allieds and Comprehensive Liability Coverage for Healthcare Program
State: Illinois
TOI: 11.0 Medical Malpractice - Claims Made/Occurrence
Sub-TOI: 11.0000 Med Mal Sub-TOI Combinations
Filing Type: Rate/Rule
Date Submitted: 12/17/2012
SERFF Tr Num: MDPC-128815852
SERFF Status: Closed-Filed
State Tr Num: MDPC-128815852
State Status:
Co Tr Num: 12-ILA-01

Effective Date: 09/01/2013
Requested (New):
Effective Date: 09/01/2013
Requested (Renewal):
Author(s): Melissa Millican, Christopher Cole, Kendra Clark
Reviewer(s): Gayle Neuman (primary), Neetha Mamoottile, Caryn Carmean
Disposition Date: 06/20/2013
Disposition Status: Filed
Effective Date (New): 09/01/2013
Effective Date (Renewal): 09/01/2013

State Filing Description:
ROUTED 1/30/13

State: Illinois **Filing Company:** The Medical Protective Company
TOI/Sub-TOI: 11.0 Medical Malpractice - Claims Made/Occurrence/11.0000 Med Mal Sub-TOI Combinations
Product Name: Allieds and Comprehensive Liability Coverage for Healthcare Program
Project Name/Number: Rate and Rule Filing/12-ILA-01

General Information

Project Name: Rate and Rule Filing Status of Filing in Domicile: Not Filed
Project Number: 12-ILA-01 Domicile Status Comments:
Reference Organization: n/a Reference Number: n/a
Reference Title: n/a Advisory Org. Circular: n/a
Filing Status Changed: 06/20/2013
State Status Changed: Deemer Date:
Created By: Melissa Millican Submitted By: Christopher Cole
Corresponding Filing Tracking Number:

Filing Description:

The Medical Protective Company (MedPro) submits for your review the attached rate and rule filing applicable to its Allieds and Comprehensive Liability Coverage for Healthcare Providers programs.

Thank you,
Melissa Millican

Company and Contact

Filing Contact Information

Melissa Millican, Paralegal melissa.millican@medpro.com
5814 Reed Road 260-486-0838 [Phone]
Fort Wayne, IN 46835 260-486-0733 [FAX]

Filing Company Information

The Medical Protective Company	CoCode: 11843	State of Domicile: Indiana
5814 Reed Road	Group Code:	Company Type:
Fort Wayne, IN 46835	Group Name:	State ID Number:
(260) 486-0838 ext. [Phone]	FEIN Number: 35-0506406	

Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:

State Specific

State:	Illinois	Filing Company:	The Medical Protective Company
TOI/Sub-TOI:	11.0 Medical Malpractice - Claims Made/Occurrence/11.0000 Med Mal Sub-TOI Combinations		
Product Name:	Allieds and Comprehensive Liability Coverage for Healthcare Program		
Project Name/Number:	Rate and Rule Filing/12-ILA-01		

Refer to our checklists prior to submitting filing (http://www.idfpr.com/DOI/Prop_Cas_IS3_Checklists/IS3_Checklists.htm):
acknowledged

Refer to our updated (04/06/2007) SERFF General Instructions prior to submitting filing. They have been updated to clarify what rates and rules are required to be filed as well as what rates and rules are not required to be filed. Also, the "Product Name" is the Filing Title and not the Project Number.: acknowledged

NO RATES and/or RULES ARE REQUIRED TO BE FILED FOR LINES OF COVERAGE SUCH AS COMMERCIAL AUTO (except taxicabs), BURGLARY AND THEFT, GLASS, FIDELITY, SURETY, COMMERCIAL GENERAL LIABILITY, CROP HAIL, COMMERCIAL PROPERTY, DIRECTORS AND OFFICERS, ERRORS AND OMISSIONS, COMMERCIAL MULTI PERIL just to mention a few. However, a Summary Sheet (RF-3) is required to be filed. Please refer to the State Specific Field below for what rates/rules are required to be filed and to our checklists for specific statutes, regulations, etc. :

http://insurance.illinois.gov/Prop_Cas_IS3_Checklists/IS3_Checklists.asp .: acknowledged

Medical Malpractice rates/rules may now be submitted using SERFF effective January 1, 2012.: acknowledged

The only rates and/or rules that are required to be filed are Homeowners, Mobile Homeowners, Dwelling Fire and Allied Lines, Workers' Compensation, Liquor Liability, Private Passenger Automobiles, Taxicabs, Motorcycles and Group Inland Marine Insurance which only applies to insurance involving personal property owned by, being purchased by or pledged as collateral by individuals, and not used in any business, trade or profession per Regulation Part 2302 which says in part, "each company shall file with the Director of Insurance each rate, rule and minimum premium before it is used in the State of Illinois.":
acknowledged

When selecting a form filing type for a multiple form filing, use the dominant type from these choices: APP - application; CER - certificate; COF - coverage form; DPS - declaration page; END - endorsement; POJ - policy jacket; ORG - Companies adopting an Advisory or Rating Organization's filing. Example: If you are submitting a policy as well as endorsements, a declaration page and an application, you would select "POL" for policy.: n/a - rate/rule filing only

State:	Illinois	Filing Company:	The Medical Protective Company
TOI/Sub-TOI:	11.0 Medical Malpractice - Claims Made/Occurrence/11.0000 Med Mal Sub-TOI Combinations		
Product Name:	Allieds and Comprehensive Liability Coverage for Healthcare Program		
Project Name/Number:	Rate and Rule Filing/12-ILA-01		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Gayle Neuman	06/20/2013	06/20/2013

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Pending Industry Response	Gayle Neuman	01/30/2013	01/30/2013
Pending Industry Response	Gayle Neuman	12/26/2012	12/26/2012

Response Letters

Responded By	Created On	Date Submitted
Melissa Millican	01/30/2013	01/30/2013
Melissa Millican	01/29/2013	01/29/2013

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Rate	IL - State Rate Pages - Section II - Corporations, Partnerships & Associations	Melissa Millican	06/10/2013	06/10/2013
Rate	IL - State Rate Pages - Section V - Allied Healthcare Providers	Melissa Millican	06/10/2013	06/10/2013
Rate	IL Allied OCC Minimum Premium Rule	Melissa Millican	06/10/2013	06/10/2013
Rate	IL Allied SCM Minimum Premium Rule	Melissa Millican	06/10/2013	06/10/2013
Supporting Document	Strike thru's	Melissa Millican	06/10/2013	06/10/2013

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
status	Note To Filer	Gayle Neuman	02/27/2013	02/27/2013
Status Check	Note To Reviewer	Melissa Millican	02/27/2013	02/27/2013

SERFF Tracking #:	MDPC-128815852	State Tracking #:	MDPC-128815852	Company Tracking #:	12-ILA-01
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State:	Illinois	Filing Company:	The Medical Protective Company
TOI/Sub-TOI:	11.0 Medical Malpractice - Claims Made/Occurrence/11.0000 Med Mal Sub-TOI Combinations		
Product Name:	Allieds and Comprehensive Liability Coverage for Healthcare Program		
Project Name/Number:	Rate and Rule Filing/12-ILA-01		

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Actuarial Review Complete	Reviewer Note	Caryn Carmean	06/17/2013	

State:	Illinois	Filing Company:	The Medical Protective Company
TOI/Sub-TOI:	11.0 Medical Malpractice - Claims Made/Occurrence/11.0000 Med Mal Sub-TOI Combinations		
Product Name:	Allieds and Comprehensive Liability Coverage for Healthcare Program		
Project Name/Number:	Rate and Rule Filing/12-ILA-01		

Disposition

Disposition Date: 06/20/2013
Effective Date (New): 09/01/2013
Effective Date (Renewal): 09/01/2013
Status: Filed

Comment:

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
The Medical Protective Company	-2.000%	-0.500%	\$-991	114	\$189,746	136.700%	-93.900%

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Explanatory Memorandum		Yes
Supporting Document (revised)	Form RF3 - (Summary Sheet)		Yes
Supporting Document	Form RF3 - (Summary Sheet)		Yes
Supporting Document	Certification		Yes
Supporting Document	Request to Maintain Data as Trade Secret Information		Yes
Supporting Document	Manual		Yes
Supporting Document (revised)	Strike thru's		Yes
Supporting Document	Strike thru's		Yes
Rate	IL ALLIED OCC Class Plan		Yes
Rate	IL ALLIED SCM Class Plan		Yes
Rate	IL ALLIED OCC Rates		Yes
Rate	IL ALLIED SCM Rates		Yes

State:	Illinois	Filing Company:	The Medical Protective Company
TOI/Sub-TOI:	11.0 Medical Malpractice - Claims Made/Occurrence/11.0000 Med Mal Sub-TOI Combinations		
Product Name:	Allieds and Comprehensive Liability Coverage for Healthcare Program		
Project Name/Number:	Rate and Rule Filing/12-ILA-01		

Schedule	Schedule Item	Schedule Item Status	Public Access
Rate	IL ALLIED SCM Extension Contract Factor		Yes
Rate	IL ALLIED OCC Excess Limit Factors		Yes
Rate	IL ALLIED SCM Excess Limit Factors		Yes
Rate	IL ALLIED OCC Increased Limit Factors		Yes
Rate	IL ALLIED SCM Increased Limit Factors		Yes
Rate	IL ALLIED OCC Partnership Corporation Coverage Rule		Yes
Rate	IL ALLIED SCM Partnership Corporation Coverage Rule		Yes
Rate	IL ALLIED OCC Part Time Practice Rule		Yes
Rate	IL ALLIED SCM Part Time Practice Rule		Yes
Rate	IL ALLIED OCC Rating Territory		Yes
Rate	IL ALLIED SCM Rating Territory		Yes
Rate (revised)	IL - State Rate Pages - Section II - Corporations, Partnerships & Associations		Yes
Rate	IL - State Rate Pages - Section II - Corporations, Partnerships & Associations		Yes
Rate (revised)	IL - State Rate Pages - Section V - Allied Healthcare Providers		Yes
Rate	IL - State Rate Pages - Section V - Allied Healthcare Providers		Yes
Rate	IL Allied OCC Minimum Premium Rule		Yes
Rate	IL Allied SCM Minimum Premium Rule		Yes

State: Illinois **Filing Company:** The Medical Protective Company
TOI/Sub-TOI: 11.0 Medical Malpractice - Claims Made/Occurrence/11.0000 Med Mal Sub-TOI Combinations
Product Name: Allieds and Comprehensive Liability Coverage for Healthcare Program
Project Name/Number: Rate and Rule Filing/12-ILA-01

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	01/30/2013
Submitted Date	01/30/2013
Respond By Date	02/06/2013

Dear Melissa Millican,

Introduction:

This is to acknowledge receipt of your filing. Your submission is not acceptable for filing in Illinois due to the following reasons:

Please indicate if your company has a plan for the gathering of statistics or the reporting of statistics to statistical agencies? If yes, what stat agency is being used?

Conclusion:

Sign up to get e-mail notification for updates to the Department's website. <http://insurance.illinois.gov/RSS/>

Please refer to the appropriate Property Casualty IS3 Review Requirements Checklist before submitting any filing. The checklists are available at the Department's Web site or at the following link:

http://insurance.illinois.gov/Prop_Cas_IS3_Checklists/IS3_Checklists.asp

Please submit compliant form(s) no later than the date shown above or the entire filing may be disapproved. Please be advised that when the Director disapproves the form(s) you must immediately cease using the form(s) in Illinois.

Please give this matter your immediate attention. If you have any question regarding this filing please feel free to contact me.

Sincerely,

Gayle Neuman

State: Illinois **Filing Company:** The Medical Protective Company
TOI/Sub-TOI: 11.0 Medical Malpractice - Claims Made/Occurrence/11.0000 Med Mal Sub-TOI Combinations
Product Name: Allieds and Comprehensive Liability Coverage for Healthcare Program
Project Name/Number: Rate and Rule Filing/12-ILA-01

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	12/26/2012
Submitted Date	12/26/2012
Respond By Date	01/09/2013

Dear Melissa Millican,

Introduction:

This is to acknowledge receipt of your filing. Your submission is not acceptable for filing in Illinois due to the following reasons:

Pursuant to 50 Ill. Adm. Code 754.10, identification of all changes being made to all superseding filings is required. Additionally, a description of the filing changes is required to be listed on the RF-3 Summary Sheet.

Conclusion:

Sign up to get e-mail notification for updates to the Department's website. <http://insurance.illinois.gov/RSS/>

Please refer to the appropriate Property Casualty IS3 Review Requirements Checklist before submitting any filing. The checklists are available at the Department's Web site or at the following link:

http://insurance.illinois.gov/Prop_Cas_IS3_Checklists/IS3_Checklists.asp

Please submit compliant form(s) no later than the date shown above or the entire filing may be disapproved. Please be advised that when the Director disapproves the form(s) you must immediately cease using the form(s) in Illinois.

Please give this matter your immediate attention. If you have any question regarding this filing please feel free to contact me.

Sincerely,

Gayle Neuman

State: Illinois **Filing Company:** The Medical Protective Company
TOI/Sub-TOI: 11.0 Medical Malpractice - Claims Made/Occurrence/11.0000 Med Mal Sub-TOI Combinations
Product Name: Allieds and Comprehensive Liability Coverage for Healthcare Program
Project Name/Number: Rate and Rule Filing/12-ILA-01

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	01/30/2013
Submitted Date	01/30/2013

Dear Gayle Neuman,

Introduction:

Response 1

Comments:

ISO is our statistical agent.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Sincerely,
Melissa Millican

State:	Illinois	Filing Company:	The Medical Protective Company
TOI/Sub-TOI:	11.0 Medical Malpractice - Claims Made/Occurrence/11.0000 Med Mal Sub-TOI Combinations		
Product Name:	Allieds and Comprehensive Liability Coverage for Healthcare Program		
Project Name/Number:	Rate and Rule Filing/12-ILA-01		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	01/29/2013
Submitted Date	01/29/2013

Dear Gayle Neuman,

Introduction:

Response 1

Comments:

Ms. Neuman,

I apologize, I just realized that I missed your objections on December 26th.

Please find attached the revised RF3 and strike-thru's.

Changed Items:

State:	Illinois	Filing Company:	The Medical Protective Company
TOI/Sub-TOI:	11.0 Medical Malpractice - Claims Made/Occurrence/11.0000 Med Mal Sub-TOI Combinations		
Product Name:	Allieds and Comprehensive Liability Coverage for Healthcare Program		
Project Name/Number:	Rate and Rule Filing/12-ILA-01		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Form RF3 - (Summary Sheet)
Comments:	attached
Attachment(s):	rev rf3.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Form RF3 - (Summary Sheet)</i>
Comments:	<i>attached</i>
Attachment(s):	<i>IL RF3 transmittal.pdf</i>

Satisfied - Item:	Strike thru's
Comments:	Please find strike thru's attached.
Attachment(s):	IL CM Class Plan Strike Thru.pdf IL OCC Class Plan Strike Thru.pdf PCC OCC Strike Thru.pdf PCC SCM Strike Thru.pdf PTP OCC Strike Thru.pdf Section V State Exception Strike Thru.pdf IL ECF Strike Thru.pdf IL OCC ILF Strike Thru.pdf IL SCM ILF Strike Thru.pdf PTP SCM Strike Thru.pdf Section II State Rate Page Strike Thru.pdf

State:	Illinois	Filing Company:	The Medical Protective Company
TOI/Sub-TOI:	11.0 Medical Malpractice - Claims Made/Occurrence/11.0000 Med Mal Sub-TOI Combinations		
Product Name:	Allieds and Comprehensive Liability Coverage for Healthcare Program		
Project Name/Number:	Rate and Rule Filing/12-ILA-01		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Form RF3 - (Summary Sheet)
Comments:	attached
Attachment(s):	rev rf3.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Form RF3 - (Summary Sheet)</i>
Comments:	<i>attached</i>
Attachment(s):	<i>IL RF3 transmittal.pdf</i>

Satisfied - Item:	Strike thru's
Comments:	Please find strike thru's attached.
Attachment(s):	IL CM Class Plan Strike Thru.pdf IL OCC Class Plan Strike Thru.pdf PCC OCC Strike Thru.pdf PCC SCM Strike Thru.pdf PTP OCC Strike Thru.pdf Section V State Exception Strike Thru.pdf IL ECF Strike Thru.pdf IL OCC ILF Strike Thru.pdf IL SCM ILF Strike Thru.pdf PTP SCM Strike Thru.pdf Section II State Rate Page Strike Thru.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Please let me know if you should need anything additional.

Thank you,

Melissa

State:	Illinois	Filing Company:	The Medical Protective Company
TOI/Sub-TOI:	11.0 Medical Malpractice - Claims Made/Occurrence/11.0000 Med Mal Sub-TOI Combinations		
Product Name:	Allieds and Comprehensive Liability Coverage for Healthcare Program		
Project Name/Number:	Rate and Rule Filing/12-ILA-01		

Sincerely,
Melissa Millican

SERFF Tracking #:	MDPC-128815852	State Tracking #:	MDPC-128815852	Company Tracking #:	12-ILA-01
<hr/>					
State:	Illinois	Filing Company:	The Medical Protective Company		
TOI/Sub-TOI:	11.0 Medical Malpractice - Claims Made/Occurrence/11.0000 Med Mal Sub-TOI Combinations				
Product Name:	Allieds and Comprehensive Liability Coverage for Healthcare Program				
Project Name/Number:	Rate and Rule Filing/12-ILA-01				

Amendment Letter

Submitted Date: 06/10/2013

Comments:

Revision to include update to the Minimum Premium Rule

I have updated filing for the associated rule pages as well as strike thru pages.

Changed Items:

No Form Schedule Items Changed.

SERFF Tracking #:

MDPC-128815852

State Tracking #:

MDPC-128815852

Company Tracking #:

12-ILA-01

State: Illinois

Filing Company:

The Medical Protective Company

TOI/Sub-TOI: 11.0 Medical Malpractice - Claims Made/Occurrence/11.0000 Med Mal Sub-TOI Combinations

Product Name: Allieds and Comprehensive Liability Coverage for Healthcare Program

Project Name/Number: Rate and Rule Filing/12-ILA-01

Rate Schedule Item Changes

Item No.	Exhibit Name	Rule # or Page #	Rate Action	Previous State Filing Number	Date Submitted
1	IL - State Rate Pages - Section II - Corporations, Partnerships & Associations	SR-IL-II-(2-3); 04/01/13	Replacement		06/10/2013 By:
<i>Previous Version</i>					
1	IL - State Rate Pages - Section II - Corporations, Partnerships & Associations	SR-IL-II-(2-3); 04/01/13	Replacement		12/17/2012 By: Christopher Cole
2	IL - State Rate Pages - Section V - Allied Healthcare Providers	SR-IL-V-(1-21); 04/01/13	Replacement		06/10/2013 By:
<i>Previous Version</i>					
2	IL - State Rate Pages - Section V - Allied Healthcare Providers	SR-IL-V-(1-20); 04/01/13	Replacement		12/17/2012 By: Christopher Cole
3	IL Allied OCC Minimum Premium Rule	MPR-CW; 05/01/13	Replacement		06/10/2013 By:
4	IL Allied SCM Minimum Premium Rule	MPR-CW; 05/01/13	Replacement		06/10/2013 By:

State:	Illinois	Filing Company:	The Medical Protective Company
TOI/Sub-TOI:	11.0 Medical Malpractice - Claims Made/Occurrence/11.0000 Med Mal Sub-TOI Combinations		
Product Name:	Allieds and Comprehensive Liability Coverage for Healthcare Program		
Project Name/Number:	Rate and Rule Filing/12-ILA-01		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Strike thru's
Comments:	<p>Please find strike thru's attached.</p> <p>06/10/13 strike thru's updated to include the revision to the Minimum Premium Rule</p>
Attachment(s):	<p>IL CM Class Plan Strike Thru.pdf</p> <p>IL OCC Class Plan Strike Thru.pdf</p> <p>PCC OCC Strike Thru.pdf</p> <p>PCC SCM Strike Thru.pdf</p> <p>PTP OCC Strike Thru.pdf</p> <p>Section V State Exception Strike Thru.pdf</p> <p>IL ECF Strike Thru.pdf</p> <p>IL OCC ILF Strike Thru.pdf</p> <p>IL SCM ILF Strike Thru.pdf</p> <p>PTP SCM Strike Thru.pdf</p> <p>Section II State Rate Page Strike Thru.pdf</p> <p>MPR AHCP OCC Strike Thru.pdf</p> <p>MPR AHCP SCM Strike Thru.pdf</p> <p>Section II State Rate Page MPR Strike Thru.pdf</p> <p>Section V State Exception MPR Strike Thru.pdf</p>
<i>Previous Version</i>	
Satisfied - Item:	<i>Strike thru's</i>
Comments:	<i>Please find strike thru's attached.</i>

State:	Illinois	Filing Company:	The Medical Protective Company
TOI/Sub-TOI:	11.0 Medical Malpractice - Claims Made/Occurrence/11.0000 Med Mal Sub-TOI Combinations		
Product Name:	Allieds and Comprehensive Liability Coverage for Healthcare Program		
Project Name/Number:	Rate and Rule Filing/12-ILA-01		

Attachment(s):	<i>IL CM Class Plan Strike Thru.pdf</i> <i>IL OCC Class Plan Strike Thru.pdf</i> <i>PCC OCC Strike Thru.pdf</i> <i>PCC SCM Strike Thru.pdf</i> <i>PTP OCC Strike Thru.pdf</i> <i>Section V State Exception Strike Thru.pdf</i> <i>IL ECF Strike Thru.pdf</i> <i>IL OCC ILF Strike Thru.pdf</i> <i>IL SCM ILF Strike Thru.pdf</i> <i>PTP SCM Strike Thru.pdf</i> <i>Section II State Rate Page Strike Thru.pdf</i>
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State: *Illinois* **Filing Company:** *The Medical Protective Company*
TOI/Sub-TOI: *11.0 Medical Malpractice - Claims Made/Occurrence/11.0000 Med Mal Sub-TOI Combinations*
Product Name: *Allieds and Comprehensive Liability Coverage for Healthcare Program*
Project Name/Number: *Rate and Rule Filing/12-ILA-01*

Note To Filer

Created By:

Gayle Neuman on 02/27/2013 01:34 PM

Last Edited By:

Gayle Neuman

Submitted On:

06/20/2013 08:15 AM

Subject:

status

Comments:

Our Actuarial Unit is now reviewing the filing and will contact you for any additional information needed.

State: *Illinois* **Filing Company:** *The Medical Protective Company*
TOI/Sub-TOI: *11.0 Medical Malpractice - Claims Made/Occurrence/11.0000 Med Mal Sub-TOI Combinations*
Product Name: *Allieds and Comprehensive Liability Coverage for Healthcare Program*
Project Name/Number: *Rate and Rule Filing/12-ILA-01*

Note To Reviewer

Created By:

Melissa Millican on 02/27/2013 12:43 PM

Last Edited By:

Gayle Neuman

Submitted On:

06/20/2013 08:15 AM

Subject:

Status Check

Comments:

Hi Ms. Neuman,
I wanted to check to see if you needed anything additional for the filing.
Please let me know if you should need anything additional.
Thank you for your time,
Melissa

State: *Illinois* **Filing Company:** *The Medical Protective Company*
TOI/Sub-TOI: *11.0 Medical Malpractice - Claims Made/Occurrence/11.0000 Med Mal Sub-TOI Combinations*
Product Name: *Allieds and Comprehensive Liability Coverage for Healthcare Program*
Project Name/Number: *Rate and Rule Filing/12-ILA-01*

Reviewer Note

Created By:

Caryn Carmean on 06/17/2013 01:53 PM

Last Edited By:

Gayle Neuman

Submitted On:

06/20/2013 08:15 AM

Subject:

Actuarial Review Complete

Comments:

This filing contains supporting actuarial support

State: Illinois **Filing Company:** The Medical Protective Company
TOI/Sub-TOI: 11.0 Medical Malpractice - Claims Made/Occurrence/11.0000 Med Mal Sub-TOI Combinations
Product Name: Allieds and Comprehensive Liability Coverage for Healthcare Program
Project Name/Number: Rate and Rule Filing/12-ILA-01

Post Submission Update Request Processed On 06/20/2013

Status: Allowed
Created By: Melissa Millican
Processed By: Gayle Neuman
Comments:

General Information:

Field Name	Requested Change	Prior Value
Effective Date Requested (New)	09/01/2013	04/01/2013
Effective Date Requested (Renew)	09/01/2013	04/01/2013

State:	Illinois	Filing Company:	The Medical Protective Company
TOI/Sub-TOI:	11.0 Medical Malpractice - Claims Made/Occurrence/11.0000 Med Mal Sub-TOI Combinations		
Product Name:	Allieds and Comprehensive Liability Coverage for Healthcare Program		
Project Name/Number:	Rate and Rule Filing/12-ILA-01		

Rate Information

Rate data applies to filing.

Filing Method:	file and use
Rate Change Type:	Decrease
Overall Percentage of Last Rate Revision:	-1.000%
Effective Date of Last Rate Revision:	07/01/2012
Filing Method of Last Filing:	file and use

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
The Medical Protective Company	-2.000%	-0.500%	\$-991	114	\$189,746	136.700%	-93.900%

SERFF Tracking #:	MDPC-128815852	State Tracking #:	MDPC-128815852	Company Tracking #:	12-ILA-01
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TOI/Sub-TOI:	11.0 Medical Malpractice - Claims Made/Occurrence/11.0000 Med Mal Sub-TOI Combinations				
Product Name:	Allieds and Comprehensive Liability Coverage for Healthcare Program				
Project Name/Number:	Rate and Rule Filing/12-ILA-01				

Rate/Rule Schedule

SERFF Tracking #:

MDPC-128815852

State Tracking #:

MDPC-128815852

Company Tracking #:

12-ILA-01

State:

Illinois

Filing Company:

The Medical Protective Company

TOI/Sub-TOI:

11.0 Medical Malpractice - Claims Made/Occurrence/11.0000 Med Mal Sub-TOI Combinations

Product Name:

Allieds and Comprehensive Liability Coverage for Healthcare Program

Project Name/Number:

Rate and Rule Filing/12-ILA-01

Item No.	Schedule Item Status	Exhibit Name	Rule # or Page #	Rate Action	Previous State Filing Number	Attachments
1		IL ALLIED OCC Class Plan	ARC-IL; 04/01/13	Replacement		IL AHCP OCC ClassPlan.pdf
2		IL ALLIED SCM Class Plan	ARC-IL; 04/01/13	Replacement		IL AHCP SCM ClassPlan.pdf
3		IL ALLIED OCC Rates	RTS-OCC; IL-13-1	Replacement		IL OCC Rates.pdf
4		IL ALLIED SCM Rates	RTS-CM(0-4); IL-13-1	Replacement		IL SCM Rates.pdf
5		IL ALLIED SCM Extension Contract Factor	ECF-IL; 04/01/13	Replacement		ECF-IL.pdf
6		IL ALLIED OCC Excess Limit Factors	ELF-IL; 04/01/13	Replacement		ELF-IL- OCC.pdf
7		IL ALLIED SCM Excess Limit Factors	ELF-IL; 04/01/13	Replacement		ELF-IL- SCM.pdf
8		IL ALLIED OCC Increased Limit Factors	ILF-IL; 04/01/13	Replacement		ILF-IL OCC.pdf
9		IL ALLIED SCM Increased Limit Factors	ILF-IL; 04/01/13	Replacement		ILF-IL SCM.pdf
10		IL ALLIED OCC Partnership Corporation Coverage Rule	PCC-CW; 06/01/12	Replacement		IL PCC OCC.pdf
11		IL ALLIED SCM Partnership Corporation Coverage Rule	PCC-CW; 06/01/12	Replacement		IL-PCC SCM.pdf
12		IL ALLIED OCC Part Time Practice Rule	PTP-CW; 03/01/11	Replacement		IL PTP OCC.pdf
13		IL ALLIED SCM Part Time Practice Rule	PTP-CW; 03/01/11	Replacement		IL PTP SCM.pdf
14		IL ALLIED OCC Rating Territory	RT-IL; 04/01/13	Replacement		Rating Territory OCC.pdf

SERFF Tracking #:

MDPC-128815852

State Tracking #:

MDPC-128815852

Company Tracking #:

12-ILA-01

State:

Illinois

Filing Company:

The Medical Protective Company

TOI/Sub-TOI:

11.0 Medical Malpractice - Claims Made/Occurrence/11.0000 Med Mal Sub-TOI Combinations

Product Name:

Allieds and Comprehensive Liability Coverage for Healthcare Program

Project Name/Number:

Rate and Rule Filing/12-ILA-01

15		IL ALLIED SCM Rating Territory	RT-IL; 04/01/13	Replacement		Rating Territory SCM.pdf
16		IL - State Rate Pages - Section II - Corporations, Partnerships & Associations	SR-IL-II-(2-3); 04/01/13	Replacement		Section II State Rate Page.pdf
17		IL - State Rate Pages - Section V - Allied Healthcare Providers	SR-IL-V-(1-21); 04/01/13	Replacement		Section V State Exception.pdf
18		IL Allied OCC Minimum Premium Rule	MPR-CW; 05/01/13	Replacement		MPR AHCP OCC.pdf
19		IL Allied SCM Minimum Premium Rule	MPR-CW; 05/01/13	Replacement		MPR AHCP SCM.pdf

The
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ILLINOIS
ALLIED HEALTHCARE PROVIDERS
OCCURRENCE PROGRAM
RATE CLASSES

CLASS 1

DENTAL ASSISTANT.

CLASS 2

DENTAL HYGIENIST.

CLASS 3

PHYSICAL THERAPY ASSISTANT.

CLASS 4

AUDIOLOGIST/SPEECH PATHOLOGIST AND OCCUPATIONAL THERAPIST
ASSISTANT.

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ILLINOIS

ALLIED HEALTHCARE PROVIDERS

OCCURRENCE PROGRAM

RATE CLASSES

CLASS 5

CARDIOLOGY TECHNOLOGIST, CLINICAL LABORATORY TECHNOLOGIST, DIETICIAN, ELECTROCARDIOGRAPH TECHNICIAN, ELECTRONEURODIAGNOSTIC TECHNOLOGIST, LICENSED PRACTICING NURSE, MEDICAL LABORATORY TECHNICIAN, MEDICAL (OFFICE) ASSISTANT, MEDICAL RECORDS TECHNICIAN, NUCLEAR MEDICINE TECHNOLOGIST, OCCUPATIONAL THERAPIST, RADIATION THERAPY TECHNOLOGIST, REGISTERED NURSE, RESPIRATORY THERAPIST, RESPIRATORY THERAPY ASSISTANT, SURGICAL TECHNICIAN AND X-RAY TECHNICIAN.

CLASS 6

CASE MANAGER, COUNSELOR AND SOCIAL WORKER.

CLASS 7

PHARMACIST.

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ILLINOIS
ALLIED HEALTHCARE PROVIDERS
OCCURRENCE PROGRAM
RATE CLASSES

CLASS 8

PHYSICAL THERAPIST - NON OWNER.

CLASS 9

PERFUSIONIST.

CLASS 10

OPTICIAN.

CLASS 11

PARAMEDIC/EMT.

CLASS 12

OPHTHALMIC TECHNOLOGIST.

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ILLINOIS
ALLIED HEALTHCARE PROVIDERS
OCCURRENCE PROGRAM
RATE CLASSES

CLASS 13

PSYCHOLOGIST.

CLASS 14

PHYSICAL THERAPIST – OWNER.

CLASS 15

NURSE MIDWIFE ASSISTANT.

CLASS 16

OPTOMETRIST.

CLASS 17

NURSE PRACTITIONER (NON-PRESCRIBING), NURSE PRACTITIONER
(PRESCRIBING) AND NURSE SURGICAL ASSISTANT.

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ILLINOIS
ALLIED HEALTHCARE PROVIDERS
OCCURRENCE PROGRAM
RATE CLASSES

CLASS 18

PHYSICIAN'S ASSISTANT (NON-PRESCRIBING) AND PHYSICIAN'S ASSISTANT (PRESCRIBING).

CLASS 19

ANESTHESIA ASSISTANT, CERTIFIED REGISTERED NURSE ANESTHETIST AND REGISTERED NURSE ANESTHETIST.

CLASS 20

PHYSICIAN SURGICAL ASSISTANT.

CLASS 21

PODIATRIST (NO SURGERY).

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ILLINOIS
ALLIED HEALTHCARE PROVIDERS
OCCURRENCE PROGRAM
RATE CLASSES

CLASS 22

PODIATRIST (SURGERY).

CLASS 23

NURSE MIDWIFE.

The
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Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

ILLINOIS

ALLIED HEALTHCARE PROVIDERS

STANDARD CLAIMS MADE PROGRAM

RATE CLASSES

CLASS 1

DENTAL ASSISTANT.

CLASS 2

DENTAL HYGIENIST.

CLASS 3

PHYSICAL THERAPY ASSISTANT.

CLASS 4

AUDIOLOGIST/SPEECH PATHOLOGIST AND OCCUPATIONAL THERAPIST
ASSISTANT.

The
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ILLINOIS

ALLIED HEALTHCARE PROVIDERS

STANDARD CLAIMS MADE PROGRAM

RATE CLASSES

CLASS 5

CARDIOLOGY TECHNOLOGIST, CLINICAL LABORATORY TECHNOLOGIST, DIETICIAN, ELECTROCARDIOGRAPH TECHNICIAN, ELECTRONEURODIAGNOSTIC TECHNOLOGIST, LICENSED PRACTICING NURSE, MEDICAL LABORATORY TECHNICIAN, MEDICAL (OFFICE) ASSISTANT, MEDICAL RECORDS TECHNICIAN, NUCLEAR MEDICINE TECHNOLOGIST, OCCUPATIONAL THERAPIST, RADIATION THERAPY TECHNOLOGIST, REGISTERED NURSE, RESPIRATORY THERAPIST, RESPIRATORY THERAPY ASSISTANT, SURGICAL TECHNICIAN AND X-RAY TECHNICIAN.

CLASS 6

CASE MANAGER, COUNSELOR AND SOCIAL WORKER.

CLASS 7

PHARMACIST.

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ILLINOIS

ALLIED HEALTHCARE PROVIDERS

STANDARD CLAIMS MADE PROGRAM

RATE CLASSES

CLASS 8

PHYSICAL THERAPIST - NON OWNER.

CLASS 9

PERFUSIONIST.

CLASS 10

OPTICIAN.

CLASS 11

PARAMEDIC/EMT.

CLASS 12

OPHTHALMIC TECHNOLOGIST.

The
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ILLINOIS

ALLIED HEALTHCARE PROVIDERS

STANDARD CLAIMS MADE PROGRAM

RATE CLASSES

CLASS 13

PSYCHOLOGIST.

CLASS 14

PHYSICAL THERAPIST – OWNER.

CLASS 15

NURSE MIDWIFE ASSISTANT.

CLASS 16

OPTOMETRIST.

CLASS 17

NURSE PRACTITIONER (NON-PRESCRIBING), NURSE PRACTITIONER
(PRESCRIBING) AND NURSE SURGICAL ASSISTANT.

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ILLINOIS

ALLIED HEALTHCARE PROVIDERS

STANDARD CLAIMS MADE PROGRAM

RATE CLASSES

CLASS 18

PHYSICIAN'S ASSISTANT (NON-PRESCRIBING) AND PHYSICIAN'S ASSISTANT (PRESCRIBING).

CLASS 19

ANESTHESIA ASSISTANT, CERTIFIED REGISTERED NURSE ANESTHETIST AND REGISTERED NURSE ANESTHETIST.

CLASS 20

PHYSICIAN SURGICAL ASSISTANT.

CLASS 21

PODIATRIST (NO SURGERY).

The
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ILLINOIS

ALLIED HEALTHCARE PROVIDERS

STANDARD CLAIMS MADE PROGRAM

RATE CLASSES

CLASS 22

PODIATRIST (SURGERY).

CLASS 23

NURSE MIDWIFE.

The Medical Protective Company Fort Wayne, Indiana 46835

Professional Protection Exclusively Since 1899

ILLINOIS Area 1 ALLIED HEALTHCARE PROGRAM OCCURRENCE RATES					
Class	100/300	200/600	500/1000	1000/1000	1000/3000
1	41	44	50	60	61
2	49	53	61	72	74
3	61	65	75	89	91
4	65	70	80	95	97
5	75	81	92	110	112
6	91	99	113	134	137
7	107	115	132	157	160
8	119	129	147	175	179
9	131	141	161	192	196
10	128	136	159	191	199
11	133	144	165	196	200
12	193	205	239	287	299
13	315	340	389	463	473
14	335	361	413	491	502
15	436	470	538	640	654
16	410	435	509	611	636
17	523	564	645	768	784
18	2,488	3,361	4,244	4,841	5,017
19	2,694	3,395	4,687	5,546	5,844
20	3,732	5,042	6,366	7,262	7,525
21	3,744	4,495	5,246	5,807	6,367
22	5,425	6,514	7,603	8,415	9,227
23	15,182	16,366	18,733	22,284	22,762

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ILLINOIS Area 2 ALLIED HEALTHCARE PROGRAM OCCURRENCE RATES					
Class	100/300	200/600	500/1000	1000/1000	1000/3000
1	34	37	42	50	51
2	41	45	51	61	62
3	51	55	63	74	76
4	54	58	67	79	81
5	62	67	77	91	93
6	76	82	94	112	114
7	89	96	109	130	133
8	99	107	123	146	149
9	109	117	134	160	163
10	107	114	133	160	166
11	111	120	137	163	167
12	161	170	199	239	249
13	263	283	324	386	394
14	279	301	344	409	418
15	364	392	449	534	545
16	342	363	424	509	530
17	436	470	537	639	653
18	2,073	2,800	3,535	4,033	4,179
19	2,244	2,828	3,904	4,620	4,868
20	3,109	4,200	5,303	6,049	6,268
21	3,119	3,745	4,370	4,837	5,304
22	4,519	5,426	6,333	7,010	7,686
23	12,646	13,632	15,604	18,562	18,960

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ILLINOIS Area 1 ALLIED HEALTHCARE PROGRAM STANDARD CLAIMS MADE RATES 0 YRS SINCE RETROACTIVE DATE					
Class	100/300	200/600	500/1000	1000/1000	1000/3000
1	13	14	16	20	20
2	16	17	20	23	24
3	19	21	24	28	29
4	21	22	26	30	31
5	24	26	30	35	36
6	29	32	36	43	44
7	34	37	42	50	51
8	38	41	47	56	57
9	42	45	52	62	63
10	43	45	53	63	66
11	43	46	53	63	64
12	64	68	79	95	99
13	101	109	124	148	151
14	107	116	133	158	161
15	139	150	172	205	209
16	137	145	170	204	212
17	167	180	207	246	251
18	906	1,224	1,546	1,763	1,827
19	1,450	1,827	2,522	2,985	3,145
20	1,359	1,836	2,318	2,644	2,740
21	1,422	1,708	1,993	2,206	2,419
22	2,062	2,475	2,889	3,197	3,506
23	4,852	5,230	5,987	7,121	7,274

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ILLINOIS Area 1 ALLIED HEALTHCARE PROGRAM STANDARD CLAIMS MADE RATES 1 YR SINCE RETROACTIVE DATE					
Class	100/300	200/600	500/1000	1000/1000	1000/3000
1	23	25	29	34	35
2	29	31	35	42	43
3	35	37	43	51	52
4	37	40	45	54	55
5	42	45	52	62	63
6	52	56	64	76	78
7	61	65	75	89	91
8	68	73	84	100	102
9	75	81	92	110	112
10	73	77	90	109	113
11	76	82	94	112	114
12	110	116	136	163	170
13	180	194	222	264	270
14	191	206	235	280	286
15	249	268	307	365	373
16	234	248	290	349	363
17	298	321	368	438	447
18	1,721	2,325	2,936	3,349	3,470
19	2,111	2,660	3,672	4,345	4,579
20	2,581	3,487	4,403	5,022	5,204
21	2,134	2,562	2,990	3,310	3,629
22	3,092	3,713	4,333	4,796	5,259
23	8,652	9,327	10,676	12,700	12,972

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ILLINOIS Area 1 ALLIED HEALTHCARE PROGRAM STANDARD CLAIMS MADE RATES 2 YRS SINCE RETROACTIVE DATE					
Class	100/300	200/600	500/1000	1000/1000	1000/3000
1	31	34	39	46	47
2	39	42	48	57	58
3	47	50	58	69	70
4	50	54	62	73	75
5	57	62	71	84	86
6	70	75	86	103	105
7	82	88	101	120	123
8	92	99	114	135	138
9	101	109	124	148	151
10	92	97	114	136	142
11	103	111	127	151	154
12	137	146	170	205	213
13	243	262	300	356	364
14	258	278	319	379	387
15	336	362	414	492	503
16	293	311	363	436	454
17	403	434	497	591	604
18	2,216	2,994	3,780	4,312	4,468
19	2,506	3,158	4,359	5,158	5,435
20	3,324	4,490	5,669	6,466	6,701
21	3,023	3,630	4,236	4,689	5,141
22	4,381	5,260	6,139	6,794	7,450
23	11,687	12,598	14,420	17,153	17,521

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ILLINOIS Area 1 ALLIED HEALTHCARE PROGRAM STANDARD CLAIMS MADE RATES 3 YRS SINCE RETROACTIVE DATE					
Class	100/300	200/600	500/1000	1000/1000	1000/3000
1	35	37	43	51	52
2	42	45	52	62	63
3	51	55	63	74	76
4	54	58	67	79	81
5	62	67	77	91	93
6	76	82	94	112	114
7	89	96	110	131	134
8	100	108	123	147	150
9	110	119	136	162	165
10	104	110	129	155	161
11	112	121	138	164	168
12	156	166	194	233	242
13	265	285	327	389	397
14	281	303	346	412	421
15	366	395	452	537	549
16	332	352	411	494	514
17	439	473	542	644	658
18	2,260	3,053	3,855	4,398	4,557
19	2,612	3,292	4,544	5,377	5,666
20	3,390	4,579	5,782	6,596	6,835
21	3,556	4,270	4,984	5,516	6,048
22	5,154	6,188	7,222	7,994	8,765
23	12,738	13,731	15,718	18,697	19,098

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ILLINOIS Area 1 ALLIED HEALTHCARE PROGRAM STANDARD CLAIMS MADE RATES MATURE					
Class	100/300	200/600	500/1000	1000/1000	1000/3000
1	41	44	50	60	61
2	49	53	61	72	74
3	60	65	74	88	90
4	64	69	79	94	96
5	73	79	91	108	110
6	90	97	111	132	135
7	105	114	130	155	158
8	118	127	146	173	177
9	129	139	160	190	194
10	122	129	151	182	189
11	132	142	163	194	198
12	183	194	227	273	284
13	312	336	385	458	468
14	331	357	409	487	497
15	432	465	532	633	647
16	390	414	484	581	605
17	518	558	639	760	776
18	2,260	3,053	3,855	4,398	4,557
19	2,639	3,326	4,591	5,432	5,724
20	3,390	4,579	5,782	6,596	6,835
21	3,556	4,270	4,984	5,516	6,048
22	5,154	6,188	7,222	7,994	8,765
23	15,022	16,193	18,535	22,048	22,521

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ILLINOIS Area 2 ALLIED HEALTHCARE PROGRAM STANDARD CLAIMS MADE RATES 0 YRS SINCE RETROACTIVE DATE					
Class	100/300	200/600	500/1000	1000/1000	1000/3000
1	11	12	13	16	16
2	13	14	16	20	20
3	16	17	20	23	24
4	17	19	21	25	26
5	20	22	25	29	30
6	24	26	30	35	36
7	29	31	35	42	43
8	31	34	39	46	47
9	35	37	43	51	52
10	35	38	44	53	55
11	35	38	44	52	53
12	54	57	66	80	83
13	84	91	104	123	126
14	89	96	110	131	134
15	116	125	143	170	174
16	114	120	141	169	176
17	139	150	172	205	209
18	755	1,020	1,288	1,469	1,522
19	1,209	1,523	2,103	2,488	2,622
20	1,132	1,530	1,931	2,203	2,283
21	1,185	1,423	1,661	1,839	2,016
22	1,718	2,062	2,407	2,664	2,921
23	4,043	4,359	4,989	5,935	6,062

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ILLINOIS Area 2 ALLIED HEALTHCARE PROGRAM STANDARD CLAIMS MADE RATES 1 YR SINCE RETROACTIVE DATE					
Class	100/300	200/600	500/1000	1000/1000	1000/3000
1	19	21	24	28	29
2	23	25	29	34	35
3	29	31	35	42	43
4	31	33	38	45	46
5	35	38	44	52	53
6	43	47	53	64	65
7	51	55	63	74	76
8	57	61	70	83	85
9	62	67	77	91	93
10	61	64	75	90	94
11	63	68	78	93	95
12	92	97	114	136	142
13	150	162	185	220	225
14	159	171	196	233	238
15	207	223	255	303	310
16	195	207	242	290	302
17	248	267	306	364	372
18	1,434	1,938	2,447	2,791	2,892
19	1,760	2,218	3,061	3,622	3,817
20	2,151	2,906	3,669	4,185	4,337
21	1,778	2,135	2,492	2,758	3,024
22	2,577	3,094	3,611	3,996	4,382
23	7,210	7,772	8,897	10,583	10,810

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ILLINOIS Area 2 ALLIED HEALTHCARE PROGRAM STANDARD CLAIMS MADE RATES 2 YRS SINCE RETROACTIVE DATE					
Class	100/300	200/600	500/1000	1000/1000	1000/3000
1	26	28	32	38	39
2	31	34	39	46	47
3	39	42	48	57	58
4	41	45	51	61	62
5	48	52	59	70	72
6	59	63	72	86	88
7	69	74	85	101	103
8	76	82	94	112	114
9	83	90	103	122	125
10	76	81	94	113	118
11	85	92	105	125	128
12	114	121	142	170	177
13	202	218	249	297	303
14	215	232	265	315	322
15	279	301	345	410	419
16	244	259	302	363	378
17	336	362	414	492	503
18	1,847	2,494	3,150	3,593	3,723
19	2,088	2,632	3,633	4,299	4,530
20	2,770	3,741	4,724	5,389	5,584
21	2,519	3,025	3,530	3,907	4,284
22	3,650	4,383	5,115	5,662	6,208
23	9,740	10,499	12,017	14,295	14,602

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ILLINOIS Area 2 ALLIED HEALTHCARE PROGRAM STANDARD CLAIMS MADE RATES 3 YRS SINCE RETROACTIVE DATE					
Class	100/300	200/600	500/1000	1000/1000	1000/3000
1	28	30	35	41	42
2	35	37	43	51	52
3	43	46	53	63	64
4	45	49	56	67	68
5	52	56	64	76	78
6	64	69	79	94	96
7	75	81	92	110	112
8	83	90	103	122	125
9	91	99	113	134	137
10	86	92	107	129	134
11	93	101	115	137	140
12	130	137	161	193	201
13	221	238	272	324	331
14	234	252	289	344	351
15	305	329	376	447	457
16	276	293	342	411	428
17	366	394	451	536	548
18	1,884	2,545	3,213	3,665	3,798
19	2,177	2,744	3,788	4,482	4,723
20	2,825	3,816	4,818	5,496	5,695
21	2,964	3,558	4,153	4,596	5,040
22	4,295	5,157	6,018	6,661	7,304
23	10,615	11,443	13,098	15,581	15,915

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ILLINOIS Area 2 ALLIED HEALTHCARE PROGRAM STANDARD CLAIMS MADE RATES MATURE					
Class	100/300	200/600	500/1000	1000/1000	1000/3000
1	33	36	41	49	50
2	41	44	50	60	61
3	50	54	62	73	75
4	53	58	66	78	80
5	61	66	76	90	92
6	75	81	93	111	113
7	88	95	109	129	132
8	98	106	121	144	147
9	107	116	133	158	161
10	101	107	126	151	157
11	110	119	136	162	165
12	152	161	189	227	236
13	260	280	321	382	390
14	276	298	341	405	414
15	360	388	444	528	539
16	325	345	403	484	504
17	431	464	532	632	646
18	1,884	2,545	3,213	3,665	3,798
19	2,199	2,772	3,826	4,528	4,771
20	2,825	3,816	4,818	5,496	5,695
21	2,964	3,558	4,153	4,596	5,040
22	4,295	5,157	6,018	6,661	7,304
23	12,518	13,494	15,446	18,374	18,768

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ILLINOIS

ALLIED HEALTHCARE PROVIDERS

STANDARD CLAIMS MADE PROGRAM

EXTENSION CONTRACT RATING FACTORS

Years Retroactive Date Precedes Effective Date	All Other Classes	Classes 18 & 20	Class 19	Classes 10, 12, 16	Classes 21 & 22
Less than 1	0.920	0.670	0.544	0.864	0.960
1	1.430	1.065	0.792	1.247	1.487
2	1.700	1.285	0.940	1.487	1.679
3	1.870	1.607	0.980	1.631	1.727
4 or More	1.870	1.607	0.990	1.631	1.727

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ILLINOIS

ALLIED HEALTHCARE PROVIDERS

OCCURRENCE PROGRAM

EXCESS LIMIT FACTORS

<u>Limits</u>	All Other Classes	Classes 18 & 20	Class 19	Classes 10, 12 & 16	Classes 21 & 22
1M/1M xs 1M/3M	1.198	1.198	1.180	1.129	1.200
2M/2M xs 1M/3M	1.366	1.376	1.355	1.277	1.476
3M/3M xs 1M/3M	1.509	1.536	1.512	1.438	1.793
4M/4M xs 1M/3M	1.631	1.680	1.655	1.613	2.140

Note: For aggregate limits not listed above, refer to company

The
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Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

ILLINOIS

ALLIED HEALTHCARE PROVIDERS

STANDARD CLAIMS MADE PROGRAM

EXCESS LIMIT FACTORS

<u>Limits</u>	All Other Classes	Classes 18 & 20	Class 19	Classes 10, 12 & 16	Classes 21 & 22
1M/1M xs 1M/3M	1.198	1.198	1.180	1.129	1.200
2M/2M xs 1M/3M	1.366	1.376	1.355	1.277	1.476
3M/3M xs 1M/3M	1.509	1.536	1.512	1.438	1.793
4M/4M xs 1M/3M	1.631	1.680	1.655	1.613	2.140

Note: For aggregate limits not listed above, refer to company

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ALLIED HEALTHCARE PROVIDERS

OCCURRENCE PROGRAM

INCREASED LIMIT FACTORS

Limits	All Other Classes	Classes 18 & 20	Class 19	Classes 10, 12 & 16	Classes 21 & 22
100/300	0.667	0.496	0.461	0.645	0.588
200/600	0.719	0.670	0.581	0.684	0.706
500/1000	0.823	0.846	0.802	0.800	0.824
1000/1000	0.979	0.965	0.949	0.961	0.912
1000/3000	1.000	1.000	1.000	1.000	1.000

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STANDARD CLAIMS MADE PROGRAM

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Limits	All Other Classes	Classes 18 & 20	Class 19	Classes 10, 12 & 16	Classes 21 & 22
100/300	0.667	0.496	0.461	0.645	0.588
200/600	0.719	0.670	0.581	0.684	0.706
500/1000	0.823	0.846	0.802	0.800	0.824
1000/1000	0.979	0.965	0.949	0.961	0.912
1000/3000	1.000	1.000	1.000	1.000	1.000

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ALLIED HEALTHCARE PROVIDERS

OCCURRENCE PROGRAM

PARTNERSHIP OR CORPORATION COVERAGE

REGARDLESS OF THE NUMBER OF PARTNERS OR SHAREHOLDERS OR THE RATE CLASSES OF THE INDIVIDUAL PARTNERS OR SHAREHOLDERS, THE PREMIUM FOR A PARTNERSHIP OR CORPORATION POLICY SHALL BE AS FOLLOWS:

<u>POLICY LIMITS</u>	<u>PREMIUM</u>
\$1,000,000/\$3,000,000	\$500

APPLY THE ALLIED HEALTHCARE PROVIDERS “ALL OTHERS CLASSES” INCREASED LIMITS FACTORS FOUND IN THE RATES SECTION OF THIS MANUAL FOR DIFFERENT LIMIT OPTIONS.

LIMITS FOR COVERAGE FOR THE PARTNERSHIP OR CORPORATION MAY NOT EXCEED THE LOWEST LIMITS OF COVERAGE OF ANY OF THE INSURED PARTNERS, SHAREHOLDERS OR EMPLOYED/CONTRACTED ALLIED HEALTHCARE PROVIDERS.

A SEPARATE POLICY IS ISSUED.

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ALLIED HEALTHCARE PROVIDERS

STANDARD CLAIMS MADE PROGRAM

PARTNERSHIP OR CORPORATION COVERAGE

REGARDLESS OF THE NUMBER OF PARTNERS OR SHAREHOLDERS OR THE RATE CLASSES OF THE INDIVIDUAL PARTNERS OR SHAREHOLDERS, THE PREMIUM FOR A PARTNERSHIP OR CORPORATION POLICY SHALL BE AS FOLLOWS:

<u>POLICY LIMITS</u>	<u>PREMIUM</u>
\$1,000,000/\$3,000,000	\$500

APPLY THE ALLIED HEALTHCARE PROVIDERS “ALL OTHERS CLASSES” INCREASED LIMITS FACTORS FOUND IN THE RATES SECTION OF THIS MANUAL FOR DIFFERENT LIMIT OPTIONS.

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ALLIED HEALTHCARE PROVIDERS

OCCURRENCE PROGRAM

PART TIME PRACTICE RULE

ANY INSURED WHO PRACTICES ON AVERAGE 20 HOURS OR LESS IN A WEEK OR LESS THAN AN AGGREGATE OF 1,050 HOURS DURING THE TERM OF AN ANNUAL POLICY WILL BE CONSIDERED A PART TIME PRACTITIONER AND WILL BE ELIGIBLE FOR A REDUCTION IN THE OTHERWISE APPLICABLE RATE BASED ON THE FOLLOWING SCHEDULE.

<u>AVERAGE NUMBER HOURS PRACTICED PER WEEK</u>	<u>MAX. AGGREGATE HOURS PER YR</u>	<u>CREDIT</u>
0-10 HOURS	515	50%
11-20 HOURS	1,050	30%

NO OTHER CREDITS OR DISCOUNTS ARE TO APPLY CONCURRENT WITH THIS RULE EXCEPT RISK MANAGEMENT CREDIT AND SCHEDULE RATING MODIFICATIONS.

THE MINIMUM PREMIUM REQUIREMENT RULE APPLIES TO PART TIME PRACTITIONERS.

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ALLIED HEALTHCARE PROVIDERS

STANDARD CLAIMS MADE PROGRAM

PART TIME PRACTICE RULE

ANY INSURED WHO PRACTICES ON AVERAGE 20 HOURS OR LESS IN A WEEK OR LESS THAN AN AGGREGATE OF 1,050 HOURS DURING THE TERM OF AN ANNUAL POLICY WILL BE CONSIDERED A PART TIME PRACTITIONER AND WILL BE ELIGIBLE FOR A REDUCTION IN THE OTHERWISE APPLICABLE RATE BASED ON THE FOLLOWING SCHEDULE.

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THE MINIMUM PREMIUM REQUIREMENT RULE APPLIES TO PART TIME PRACTITIONERS.

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ALLIED HEALTHCARE PROVIDERS
OCCURRENCE PROGRAM
RATING TERRITORIES

TERRITORY 1: COOK COUNTY.

TERRITORY 2: REMAINDER OF STATE.

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ALLIED HEALTHCARE PROVIDERS

STANDARD CLAIMS MADE PROGRAM

RATING TERRITORIES

TERRITORY 1: COOK COUNTY.

TERRITORY 2: REMAINDER OF STATE.

b. Additional Aggregate Corporation Limits (Physicians and Surgeons Only)

**ILLINOIS
PHYSICIANS AND SURGEONS
Additional Aggregate Limits for Part./Corp.
Surcharge to Primary Corp Premium**

Primary Limits of 1M/3M

Group Size	Additional Aggregate Limit			
	2M	7M	12M	17M
	1M/5M	1M/10M	1M/15M	1M/20M
2-9	3.0%	8.0%	11.5%	13.5%
10-24	5.0%	12.5%	18.0%	21.0%
25-49	7.5%	17.5%	25.0%	29.5%
50-74	9.5%	21.5%	30.5%	36.5%
75-99	11.0%	24.5%	34.5%	41.0%
100-149	12.5%	28.0%	39.5%	48.0%
150-199	14.0%	31.5%	44.0%	52.5%
200+	15.0%	34.0%	48.0%	56.0%

Primary Limits of 2M/4M

Group Size	Additional Aggregate Limit			
	2M	6M	11M	16M
	2M/6M	2M/10M	2M/15M	2M/20M
2-9	2.0%	5.0%	7.0%	8.0%
10-24	3.0%	8.0%	11.0%	13.0%
25-49	5.0%	11.0%	15.0%	18.0%
50-74	6.0%	13.0%	18.0%	22.0%
75-99	7.0%	15.0%	21.0%	25.0%
100-149	8.0%	17.0%	24.0%	29.0%
150-199	8.0%	19.0%	26.0%	32.0%
200+	9.0%	20.0%	29.0%	34.0%

- c. The basic Limits of Liability for Professional Liability Coverage for Allied Healthcare Providers, Partnerships or Associations under this program shall be as follows, unless otherwise modified by statute:

\$1,000,000 Each Health Care Occurrence
\$3,000,000 Aggregate

- d. A flat fee of \$500 for 1M/3M limits shall apply if the Corporation, Partnership or Association consists only of Allied Health Care Providers. Apply the Allied Healthcare Providers “All other Classes” Increased Limits Factors found in the rates section of this manual for different limit options.
- e. The premium otherwise determined for the partnership or corporation may be discounted 50% should the insured elect to exclude the vicarious liability associated with the partners’, shareholders’ and employed/contracted physicians’ professional services.

2. **Miscellaneous Entities**

NOT AVAILABLE

3. **Extended Reporting Period Coverage Factors**

Years Retroactive Date Precedes Expiration Date	Physicians & Surgeons	Dentists
1	0.900	0.900
2	1.500	1.500
3	1.700	1.750
4	1.820	1.900
5 or more	1.820	1.900

C. **Policy Writing Minimum Premium**
(Occurrence & Standard Claims Made Programs)

Specialty Type	Minimum Premium
Physician & Surgeons	\$250
Dentists	\$50
Allied Health Care Providers	\$10

The highest applicable minimum premium shall prevail.

D. **Premium Modifications**

1. **Schedule Rating – Partnerships & Corporations**
(Occurrence & Standard Claims Made Programs)

Specialty Type	Limited to a Maximum Modification of:
Physician & Surgeons	+/- 25%
Dentists	+/- 25%
Allied Health Care Providers	+/- 25%

Criteria applicable to the Schedule Rating modifications will be determined by the type(s) of health care providers and can be found in the Physician/Surgeon, Dentists or Allied Health Care Provider Section of the State Rate Pages.

A. Classifications

1. Applicable to the Occurrence and Standard Claims Made Programs.
2. The following classification plan shall be used to determine the appropriate rating class for each individual insured.

CLASS 1

Dental Assistant.

CLASS 2

Dental Hygienist.

CLASS 3

Physical Therapy Assistant.

CLASS 4

Audiologist/Speech Pathologist and Occupational Therapist Assistant.

CLASS 5

Cardiology Technologist, Clinical Laboratory Technologist, Dietician, Electrocardiograph Technician, Electroneurodiagnostic Technologist, Licensed Practicing Nurse, Medical Laboratory Technician, Medical (Office) Assistant, Medical Records Technician, Nuclear Medicine Technologist, Occupational Therapist, Radiation Therapy Technologist, Registered Nurse, Respiratory Therapist, Respiratory Therapy Assistant, Surgical Technician and X-Ray Technician.

CLASS 6

Case Manager, Counselor and Social Worker.

CLASS 7

Pharmacist.

CLASS 8

Physical Therapist - Non Owner.

CLASS 9

Perfusionist.

CLASS 10

Optician.

CLASS 11

Paramedic/EMT.

CLASS 12

Ophthalmic Technologist.

CLASS 13

Psychologist.

CLASS 14

Physical Therapist – Owner.

CLASS 15

Nurse Midwife Assistant.

CLASS 16

Optometrist.

CLASS 17

Nurse Practitioner (Non-Prescribing), Nurse Practitioner (Prescribing) and Nurse Surgical Assistant.

CLASS 18

Physician's Assistant (Non-Prescribing) and Physician's Assistant (Prescribing).

CLASS 19

Anesthesia Assistant, Certified Registered Nurse Anesthetist and Registered Nurse Anesthetist.

CLASS 20

Physician Surgical Assistant.

CLASS 21

Podiatrist (No Surgery).

CLASS 22

Podiatrist (Surgery).

CLASS 23

Nurse Midwife.

B. Manual Rates

1. Territory Definitions

Area1	Cook County
Area2	Remainder of State

OCCURRENCE RATES					
Area 1					
Class	100/300	200/600	500/1000	1000/1000	1000/3000
1	41	44	50	60	61
2	49	53	61	72	74
3	61	65	75	89	91
4	65	70	80	95	97
5	75	81	92	110	112
6	91	99	113	134	137
7	107	115	132	157	160
8	119	129	147	175	179
9	131	141	161	192	196
10	128	136	159	191	199
11	133	144	165	196	200
12	193	205	239	287	299
13	315	340	389	463	473
14	335	361	413	491	502
15	436	470	538	640	654
16	410	435	509	611	636
17	523	564	645	768	784
18	2,488	3,361	4,244	4,841	5,017
19	2,694	3,395	4,687	5,546	5,844
20	3,732	5,042	6,366	7,262	7,525
21	3,744	4,495	5,246	5,807	6,367
22	5,425	6,514	7,603	8,415	9,227
23	15,182	16,366	18,733	22,284	22,762

ALLIED HEALTHCARE PROVIDERS STANDARD CLAIMS MADE RATES Area 1 0 YRS SINCE RETROACTIVE DATE					
Class	100/300	200/600	500/1000	1000/1000	1000/3000
1	13	14	16	20	20
2	16	17	20	23	24
3	19	21	24	28	29
4	21	22	26	30	31
5	24	26	30	35	36
6	29	32	36	43	44
7	34	37	42	50	51
8	38	41	47	56	57
9	42	45	52	62	63
10	43	45	53	63	66
11	43	46	53	63	64
12	64	68	79	95	99
13	101	109	124	148	151
14	107	116	133	158	161
15	139	150	172	205	209
16	137	145	170	204	212
17	167	180	207	246	251
18	906	1,224	1,546	1,763	1,827
19	1,450	1,827	2,522	2,985	3,145
20	1,359	1,836	2,318	2,644	2,740
21	1,422	1,708	1,993	2,206	2,419
22	2,062	2,475	2,889	3,197	3,506
23	4,852	5,230	5,987	7,121	7,274

ALLIED HEALTHCARE PROVIDERS					
Area 1					
1 YR SINCE RETROACTIVE DATE					
Class	100/300	200/600	500/1000	1000/1000	1000/3000
1	23	25	29	34	35
2	29	31	35	42	43
3	35	37	43	51	52
4	37	40	45	54	55
5	42	45	52	62	63
6	52	56	64	76	78
7	61	65	75	89	91
8	68	73	84	100	102
9	75	81	92	110	112
10	73	77	90	109	113
11	76	82	94	112	114
12	110	116	136	163	170
13	180	194	222	264	270
14	191	206	235	280	286
15	249	268	307	365	373
16	234	248	290	349	363
17	298	321	368	438	447
18	1,721	2,325	2,936	3,349	3,470
19	2,111	2,660	3,672	4,345	4,579
20	2,581	3,487	4,403	5,022	5,204
21	2,134	2,562	2,990	3,310	3,629
22	3,092	3,713	4,333	4,796	5,259
23	8,652	9,327	10,676	12,700	12,972

ALLIED HEALTHCARE PROVIDERS Area 1 2 YRS SINCE RETROACTIVE DATE					
Class	100/300	200/600	500/1000	1000/1000	1000/3000
1	31	34	39	46	47
2	39	42	48	57	58
3	47	50	58	69	70
4	50	54	62	73	75
5	57	62	71	84	86
6	70	75	86	103	105
7	82	88	101	120	123
8	92	99	114	135	138
9	101	109	124	148	151
10	92	97	114	136	142
11	103	111	127	151	154
12	137	146	170	205	213
13	243	262	300	356	364
14	258	278	319	379	387
15	336	362	414	492	503
16	293	311	363	436	454
17	403	434	497	591	604
18	2,216	2,994	3,780	4,312	4,468
19	2,506	3,158	4,359	5,158	5,435
20	3,324	4,490	5,669	6,466	6,701
21	3,023	3,630	4,236	4,689	5,141
22	4,381	5,260	6,139	6,794	7,450
23	11,687	12,598	14,420	17,153	17,521

ALLIED HEALTHCARE PROVIDERS Area 1 3 YRS SINCE RETROACTIVE DATE					
Class	100/300	200/600	500/1000	1000/1000	1000/3000
1	35	37	43	51	52
2	42	45	52	62	63
3	51	55	63	74	76
4	54	58	67	79	81
5	62	67	77	91	93
6	76	82	94	112	114
7	89	96	110	131	134
8	100	108	123	147	150
9	110	119	136	162	165
10	104	110	129	155	161
11	112	121	138	164	168
12	156	166	194	233	242
13	265	285	327	389	397
14	281	303	346	412	421
15	366	395	452	537	549
16	332	352	411	494	514
17	439	473	542	644	658
18	2,260	3,053	3,855	4,398	4,557
19	2,612	3,292	4,544	5,377	5,666
20	3,390	4,579	5,782	6,596	6,835
21	3,556	4,270	4,984	5,516	6,048
22	5,154	6,188	7,222	7,994	8,765
23	12,738	13,731	15,718	18,697	19,098

ALLIED HEALTHCARE PROVIDERS					
Area 1					
MATURE					
Class	100/300	200/600	500/1000	1000/1000	1000/3000
1	41	44	50	60	61
2	49	53	61	72	74
3	60	65	74	88	90
4	64	69	79	94	96
5	73	79	91	108	110
6	90	97	111	132	135
7	105	114	130	155	158
8	118	127	146	173	177
9	129	139	160	190	194
10	122	129	151	182	189
11	132	142	163	194	198
12	183	194	227	273	284
13	312	336	385	458	468
14	331	357	409	487	497
15	432	465	532	633	647
16	390	414	484	581	605
17	518	558	639	760	776
18	2,260	3,053	3,855	4,398	4,557
19	2,639	3,326	4,591	5,432	5,724
20	3,390	4,579	5,782	6,596	6,835
21	3,556	4,270	4,984	5,516	6,048
22	5,154	6,188	7,222	7,994	8,765
23	15,022	16,193	18,535	22,048	22,521

OCCURRENCE RATES					
Area 2					
Class	100/300	200/600	500/1000	1000/1000	1000/3000
1	34	37	42	50	51
2	41	45	51	61	62
3	51	55	63	74	76
4	54	58	67	79	81
5	62	67	77	91	93
6	76	82	94	112	114
7	89	96	109	130	133
8	99	107	123	146	149
9	109	117	134	160	163
10	107	114	133	160	166
11	111	120	137	163	167
12	161	170	199	239	249
13	263	283	324	386	394
14	279	301	344	409	418
15	364	392	449	534	545
16	342	363	424	509	530
17	436	470	537	639	653
18	2,073	2,800	3,535	4,033	4,179
19	2,244	2,828	3,904	4,620	4,868
20	3,109	4,200	5,303	6,049	6,268
21	3,119	3,745	4,370	4,837	5,304
22	4,519	5,426	6,333	7,010	7,686
23	12,646	13,632	15,604	18,562	18,960

ALLIED HEALTHCARE PROVIDERS STANDARD CLAIMS MADE RATES Area 2 0 YRS SINCE RETROACTIVE DATE					
Class	100/300	200/600	500/1000	1000/1000	1000/3000
1	11	12	13	16	16
2	13	14	16	20	20
3	16	17	20	23	24
4	17	19	21	25	26
5	20	22	25	29	30
6	24	26	30	35	36
7	29	31	35	42	43
8	31	34	39	46	47
9	35	37	43	51	52
10	35	38	44	53	55
11	35	38	44	52	53
12	54	57	66	80	83
13	84	91	104	123	126
14	89	96	110	131	134
15	116	125	143	170	174
16	114	120	141	169	176
17	139	150	172	205	209
18	755	1,020	1,288	1,469	1,522
19	1,209	1,523	2,103	2,488	2,622
20	1,132	1,530	1,931	2,203	2,283
21	1,185	1,423	1,661	1,839	2,016
22	1,718	2,062	2,407	2,664	2,921
23	4,043	4,359	4,989	5,935	6,062

ALLIED HEALTHCARE PROVIDERS					
Area 2					
1 YR SINCE RETROACTIVE DATE					
Class	100/300	200/600	500/1000	1000/1000	1000/3000
1	19	21	24	28	29
2	23	25	29	34	35
3	29	31	35	42	43
4	31	33	38	45	46
5	35	38	44	52	53
6	43	47	53	64	65
7	51	55	63	74	76
8	57	61	70	83	85
9	62	67	77	91	93
10	61	64	75	90	94
11	63	68	78	93	95
12	92	97	114	136	142
13	150	162	185	220	225
14	159	171	196	233	238
15	207	223	255	303	310
16	195	207	242	290	302
17	248	267	306	364	372
18	1,434	1,938	2,447	2,791	2,892
19	1,760	2,218	3,061	3,622	3,817
20	2,151	2,906	3,669	4,185	4,337
21	1,778	2,135	2,492	2,758	3,024
22	2,577	3,094	3,611	3,996	4,382
23	7,210	7,772	8,897	10,583	10,810

ALLIED HEALTHCARE PROVIDERS Area 2 2 YRS SINCE RETROACTIVE DATE					
Class	100/300	200/600	500/1000	1000/1000	1000/3000
1	26	28	32	38	39
2	31	34	39	46	47
3	39	42	48	57	58
4	41	45	51	61	62
5	48	52	59	70	72
6	59	63	72	86	88
7	69	74	85	101	103
8	76	82	94	112	114
9	83	90	103	122	125
10	76	81	94	113	118
11	85	92	105	125	128
12	114	121	142	170	177
13	202	218	249	297	303
14	215	232	265	315	322
15	279	301	345	410	419
16	244	259	302	363	378
17	336	362	414	492	503
18	1,847	2,494	3,150	3,593	3,723
19	2,088	2,632	3,633	4,299	4,530
20	2,770	3,741	4,724	5,389	5,584
21	2,519	3,025	3,530	3,907	4,284
22	3,650	4,383	5,115	5,662	6,208
23	9,740	10,499	12,017	14,295	14,602

ALLIED HEALTHCARE PROVIDERS Area 2 3 YRS SINCE RETROACTIVE DATE					
Class	100/300	200/600	500/1000	1000/1000	1000/3000
1	28	30	35	41	42
2	35	37	43	51	52
3	43	46	53	63	64
4	45	49	56	67	68
5	52	56	64	76	78
6	64	69	79	94	96
7	75	81	92	110	112
8	83	90	103	122	125
9	91	99	113	134	137
10	86	92	107	129	134
11	93	101	115	137	140
12	130	137	161	193	201
13	221	238	272	324	331
14	234	252	289	344	351
15	305	329	376	447	457
16	276	293	342	411	428
17	366	394	451	536	548
18	1,884	2,545	3,213	3,665	3,798
19	2,177	2,744	3,788	4,482	4,723
20	2,825	3,816	4,818	5,496	5,695
21	2,964	3,558	4,153	4,596	5,040
22	4,295	5,157	6,018	6,661	7,304
23	10,615	11,443	13,098	15,581	15,915

ALLIED HEALTHCARE PROVIDERS					
Area 2					
MATURE					
Class	100/300	200/600	500/1000	1000/1000	1000/3000
1	33	36	41	49	50
2	41	44	50	60	61
3	50	54	62	73	75
4	53	58	66	78	80
5	61	66	76	90	92
6	75	81	93	111	113
7	88	95	109	129	132
8	98	106	121	144	147
9	107	116	133	158	161
10	101	107	126	151	157
11	110	119	136	162	165
12	152	161	189	227	236
13	260	280	321	382	390
14	276	298	341	405	414
15	360	388	444	528	539
16	325	345	403	484	504
17	431	464	532	632	646
18	1,884	2,545	3,213	3,665	3,798
19	2,199	2,772	3,826	4,528	4,771
20	2,825	3,816	4,818	5,496	5,695
21	2,964	3,558	4,153	4,596	5,040
22	4,295	5,157	6,018	6,661	7,304
23	12,518	13,494	15,446	18,374	18,768

4. Increased Limits Factors

Limits	All Other Classes	Classes 18 & 20	Class 19	Classes 10, 12 & 16	Classes 21 & 22
100/300	0.667	0.496	0.461	0.645	0.588
200/600	0.719	0.670	0.581	0.684	0.706
500/1000	0.823	0.846	0.802	0.800	0.824
1000/1000	0.979	0.965	0.949	0.961	0.912
1000/3000	1.000	1.000	1.000	1.000	1.000

5. Excess Limit Factors

Limits	All Other Classes	Classes 18 & 20	Class 19	Classes 10, 12 & 16	Classes 21 & 22
1M/1M xs 1M/3M	1.198	1.198	1.180	1.129	1.200
2M/2M xs 1M/3M	1.366	1.376	1.355	1.277	1.476
3M/3M xs 1M/3M	1.509	1.536	1.512	1.438	1.793
4M/4M xs 1M/3M	1.631	1.680	1.655	1.613	2.140

Note: For aggregate limits not listed above, refer to company

6. Extension Contract Factors

Years Retroactive Date Precedes Effective Date	All Other Classes	Classes 18 & 20	Class 19	Classes 10, 12, 16	Classes 21 & 22
Less than 1	0.920	0.670	0.544	0.864	0.960
1	1.430	1.065	0.792	1.247	1.487
2	1.700	1.285	0.940	1.487	1.679
3	1.870	1.607	0.980	1.631	1.727
4 or More	1.870	1.607	0.990	1.631	1.727

7. Shared Limits Modification

Modification
Up to 25%

C. **Policy Writing Minimum Premium**
(Occurrence & Standard Claims Made Programs)

Allied Health Care Provider	\$10
-----------------------------	------

D. **Premium Modifications**

1. **Part Time Allied Health Care Provider**
(Occurrence & Standard Claims Made Programs)

Hours Practicing Per Week	Max Aggregate Hours Per Year	Credit
0-10	515	50%
11-20	1050	30%

The Minimum Premium Requirement Rule applies to part time practitioners.

2. **Dental Hygienist in Training**

NOT AVAILABLE

3. **Locum Tenens**

NOT AVAILABLE

4. **Temporary Staffing Agency Rating Coverage**
(Occurrence & Standard Claims Made Programs)

Formula
$(\text{Applicable Manual Rate} / 3120) * 1.60$

5. **Leave of Absence**

Program Type	Credit
Occurrence	100%
Standard Claims Made	100%

6. **Military Leave of Absence**

Program Type	Credit
Occurrence	100%
Standard Claims Made	100%

7. **Schedule Rating**
(Occurrence & Standard Claims Made Programs)

The Medical Protective Company shall utilize the following schedule of modifications to determine appropriate premiums for certain insureds, or groups of insureds, who in the opinion of The Medical Protective Company, uniquely qualify for such modifications because of factors not contemplated in the filed rate structure of the company.

The premium for a risk may be modified in accordance with the following, subject to a maximum modification of -25% / +25%, to recognize risk characteristics that are not reflected in the otherwise applicable premium. All modifications applied under this schedule rating plan are subject to periodic review.

The modification shall be based on one or more of the following considerations:

- | | Credit / debit |
|--|----------------|
| 1. Organizational Management/ Structure | -10% to 10% |
| A. Performance of a quality review committee to evaluate patient encounter outcomes, address unexpected results and integrate suitable solutions. | |
| B. Existence of committee structure/processes to review healthcare procedures, treatments and protocols in order to address appropriate integration into the medical practice. | |
| C. Established guidelines, procedures and resources for the maintenance of medical equipment and premises. | |
| 2. Risk management Processes | -5% to 5% |
| A. On-site risk manager. | |
| B. Utilization of Patient surveys to identify and address potential risk factors. | |
| D. Dedicated resource(s) and Processes in place to assimilate and respond to patient complaints. | |
| 3. Classification anomalies | -10% to 10% |
| A. Characteristics of individual insureds within a classification that distinguish it from the typical risk characteristics of that classification. | |
| B. Recognition of recent medical/legal developments that are anticipated to impact future loss experience. | |
| 4. Claim anomalies | -10% to 10% |
| A. Unusual circumstances of a claim(s) that influence the frequency of claims and/or the ultimate severity of losses. | |
| B. Recognition of economic, societal or jurisdictional changes that tend to influence the ultimate severity of losses. | |
| 5. Professional staffing, training and patient relationships | -15% to 15% |
| A. Demonstrates stable, longstanding practice, continuity of healthcare providers and significant degree of experience in the area(s) of medicine. | |
| B. Volume and demographics of patient population appropriate for staffing levels and area(s) of medicine. | |
| C. Staffing sufficient to address appropriate availability of non-physicians and physicians during after hours and weekends. | |
| D. Degree to which staffing provides hospitalists and laborists for continuity of care | |

- E. Guidelines and compliance standards in place to support continuing professional education.
- F. Demonstrated effectiveness of credentialing and training for new staff members.
- G. Proportion of staff that is board certified in their respective medical specialty.

The aforementioned modifications contemplate the standard allowance for expenses and are subject to the maximum modification referenced above. If the expenses are less than standard, an additional modification may be made to reflect this reduction.

The aforementioned modifications contemplate the standard allowance for expenses and are subject to the maximum modification referenced above. If the expenses are less than standard, an additional modification may be made to reflect this reduction.

8. **Risk Management**
(Occurrence & Standard Claims Made Programs)

Year	Credit	Addtl Credit – if EMR
1	5%	2.5%
2	5%	2.5%
3	5%	2.5%

9. **Deductible Credits**
(Occurrence & Standard Claims Made Program)

PREMIUM CREDIT FOR LOSS ONLY DEDUCTIBLE

Deductible (000's)	Incident Policy Limit (000's)				
	100	200	250	500	1000
50	7% to 28%	6% to 12%	5% to 20%	3% to 16%	2% to 14%
100	17% to 46%	15% to 26%	13% to 32%	10% to 25%	8% to 22%
200		30% to 47%	26% to 52%	21% to 40%	17% to 33%
250			32% to 60%	26% to 46%	21% to 38%
500				43% to 69%	36% to 56%

PREMIUM CREDIT FOR LOSS AND ALE DEDUCTIBLE

Deductible (000's)	Incident Policy Limit (000's)				
	100	200	250	500	1000
50	16% to 44%	14% to 24%	12% to 30%	9% to 24%	6% to 20%
100	29% to 66%	26% to 41%	22% to 46%	17% to 35%	14% to 29%
200		44% to 67%	39% to 70%	31% to 53%	25% to 43%
250			45% to 79%	36% to 60%	30% to 49%
500				57% to 87%	46% to 70%

The Deductible Credits are applicable to the primary limit premium, net of all other applicable credits and subject to a maximum dollar credit of 85% of the aggregate limit.

For Deductible and Limit combinations not listed, credits will be interpolated or extrapolated from the above ranges.

10. **Self-Insured Retention Credits**

NOT AVAILABLE

11. **Experience Rating**

NOT AVAILABLE

12. **Group Rating Rule**
(Occurrence & Standard Claims Made Programs)

AVAILABLE

13. **Slot Rating**
(Standard Claims Made Program)

AVAILABLE

14. **Full-Time Equivalency Rating**
(Occurrence & Standard Claims Made Programs)

AVAILABLE

15. **OPV Rating**
(Occurrence & Standard Claims Made Programs)

AVAILABLE

16. **Accelerated Extension Contract Rating**
(Standard Claims Made Program)

AVAILABLE

17. **Aggregate Credit Rule**
(Occurrence & Standard Claims Made Programs)

Max Available Credit
50%

18. **Quarterly Installment Option**

(Occurrence & Standard Claims Made Programs)

The following Interest Free Installment Payment Plans are available, at the insureds request.

- 4 PAY - 25% down, 3 equal quarterly payments thereafter

If manual premium is over \$150,000

- 25% Down, 9 equal monthly payments thereafter

The Company may assess installment fees. Such fees will not exceed \$25 or 1% of the total policy premium, whichever is less, and will not exceed a total fee payment of \$100 over any one policy term.

Premium bearing adjustments will be spread across remaining installments in equal amounts.

Installments are not available for Extension Contract Premium.

19. **Renewal Rate Rule**

(Occurrence & Standard Claims Made Programs)

Premium Threshold
\$250,000

20. **Deferred Premium Payment Plan**

(Occurrence & Standard Claims Made Programs)

Refer to Quarterly Installment Option rule.

21. **Temporary Staffing Rating Agency**

(Occurrence & Standard Claims Made Programs)

Formula
$(\text{Applicable Manual Rate} / 3120) * 1.60$

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

ILLINOIS
ALLIED HEALTHCARE PROVIDERS
OCCURRENCE PROGRAM
MINIMUM PREMIUM REQUIREMENT RULE

ALL POLICIES ARE SUBJECT TO A MINIMUM PREMIUM OF \$10. THE MINIMUM PREMIUM WILL BE RETAINED WHEN THE INSURED REQUESTS CANCELLATION UNLESS THE POLICY IS CANCELED AS OF THE INCEPTION DATE.

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

ILLINOIS

ALLIED HEALTHCARE PROVIDERS

STANDARD CLAIMS MADE PROGRAM

MINIMUM PREMIUM REQUIREMENT RULE

ALL POLICIES ARE SUBJECT TO A MINIMUM PREMIUM OF \$10. THE MINIMUM PREMIUM WILL BE RETAINED WHEN THE INSURED REQUESTS CANCELLATION UNLESS THE POLICY IS CANCELED AS OF THE INCEPTION DATE.

State:	Illinois	Filing Company:	The Medical Protective Company
TOI/Sub-TOI:	11.0 Medical Malpractice - Claims Made/Occurrence/11.0000 Med Mal Sub-TOI Combinations		
Product Name:	Allieds and Comprehensive Liability Coverage for Healthcare Program		
Project Name/Number:	Rate and Rule Filing/12-ILA-01		

Supporting Document Schedules

Satisfied - Item:	Explanatory Memorandum
Comments:	Our memo and exhibits are attached
Attachment(s):	IL-ActuarialMemo.pdf IL- AHCP Exhibits.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Form RF3 - (Summary Sheet)
Comments:	attached
Attachment(s):	rev rf3.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Certification
Comments:	attached
Attachment(s):	!transmittal.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Request to Maintain Data as Trade Secret Information
Comments:	N/A
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Manual
Comments:	acknowledged
Attachment(s):	
Item Status:	

State:	Illinois	Filing Company:	The Medical Protective Company
TOI/Sub-TOI:	11.0 Medical Malpractice - Claims Made/Occurrence/11.0000 Med Mal Sub-TOI Combinations		
Product Name:	Allieds and Comprehensive Liability Coverage for Healthcare Program		
Project Name/Number:	Rate and Rule Filing/12-ILA-01		

Status Date:	
Satisfied - Item:	Strike thru's
Comments:	<p>Please find strike thru's attached.</p> <p>06/10/13 strike thru's updated to include the revision to the Minimum Premium Rule</p>
Attachment(s):	<p>IL CM Class Plan Strike Thru.pdf</p> <p>IL OCC Class Plan Strike Thru.pdf</p> <p>PCC OCC Strike Thru.pdf</p> <p>PCC SCM Strike Thru.pdf</p> <p>PTP OCC Strike Thru.pdf</p> <p>Section V State Exception Strike Thru.pdf</p> <p>IL ECF Strike Thru.pdf</p> <p>IL OCC ILF Strike Thru.pdf</p> <p>IL SCM ILF Strike Thru.pdf</p> <p>PTP SCM Strike Thru.pdf</p> <p>Section II State Rate Page Strike Thru.pdf</p> <p>MPR AHCP OCC Strike Thru.pdf</p> <p>MPR AHCP SCM Strike Thru.pdf</p> <p>Section II State Rate Page MPR Strike Thru.pdf</p> <p>Section V State Exception MPR Strike Thru.pdf</p>
Item Status:	
Status Date:	

THE MEDICAL PROTECTIVE COMPANY

ILLINOIS

ALLIED HEALTHCARE PROVIDERS

ACTUARIAL MEMORANDUM

The Medical Protective Company (MedPro) respectfully submits the attached exhibits supporting rate revisions to its current allied healthcare providers program in the state of Illinois. The overall rate impact of the proposed changes on the statewide premium distribution is -0.5%. The proposed effective date for these revisions is 4/1/2013 for new and renewal business.

Due to lack of credible actuarial experience in its own allied healthcare providers program, MedPro has reviewed countrywide data taken from publicly available filings of the major writers of these specialties. Specifically, the experience of Chicago Insurance Company (CIC) and Continental Casualty Company (CNA) were reviewed in determining the proposed rates. The majority of the allied specialties will see significant rate reductions. However, rates for physician assistants and CRNAs (and their related classifications) are increasing significantly.

EXHIBIT I: DEVELOPMENT OF RATE LEVEL INDICATION

Exhibit 1-A summarizes the range of indications after analyzing the countrywide data of CIC and CNA. Comparing MedPro's permissible LALE ratio (as developed in Exhibit 1-D) with CIC's experience LALE ratio gives an indication of -5.7% as shown in Line [3]. The corresponding indication of 5.0% obtained after comparing MedPro's permissible LALE ratio with CNA's experience LALE ratio is shown in Line [6]. The premium-weighted indication, based on CIC's and CNA's experience, is -2.0%. The analysis reveals that the rates for CIC and CNA are adequate in the aggregate.

Exhibit 1-B displays the result of CIC's countrywide review of their allied healthcare program. CIC has annual premiums of over \$50 million for its allied healthcare program. Their review employed paid and incurred loss development methodologies. The exhibit displays ultimate LALE and premiums as displayed in their filings. Their selected ultimate LALE have been trended forward to MedPro's average accident date of 4/1/2014 in Column [C] of Exhibit 1-B.

Exhibit 1-C displays the result of CNA's countrywide review of their allied healthcare program. CNA has annual premiums of over \$25 million for its allied healthcare program. The selected ultimate LALE have been taken from their filing and have been trended forward to MedPro's average accident date of 4/1/2014 to obtain the selected trended ultimate LALE in Column [H] of Exhibit 1-C.

Exhibit 1-D indicates the derivation of MedPro's permissible LALE ratio for the state of Illinois. The variable expenses consist of three components: the 5.3% General Expenses, the 1.3% provision for Taxes, Licenses and Fees, and the 10.0% provision for Brokerage and Commissions. The permissible LLAE ratio (Line [5]) is calculated as unity minus the total variable expenses (16.6%) and the underwriting profit provision (5.0%). The permissible LALE ratio is then calculated by dividing the permissible LLAE ratio by unity plus the ULAE to LALE ratio as shown in Line [7].

EXHIBIT II: PROPOSED OCCURRENCE RATES

Exhibit II shows MedPro's current and proposed occurrence rates at 1M/3M, along with the current statewide in-force premium distribution. The overall rate impact of the proposed changes on the statewide premium distribution is -0.5%.

EXHIBIT III: PROPOSED TERRITORY CHANGES

Exhibit III shows the current and proposed territory structure for the Allied Healthcare Providers program. The proposed territory structure is based upon those of the predominant countrywide writers of the allied healthcare specialties. It is a simpler structure than that which is currently in place, which is based upon MedPro's Physicians & Surgeons and Dentists programs in state.

REVISED MANUAL RATES

Rate pages for the Occurrence and Claims Made programs have been revised to incorporate the proposed changes and are enclosed for your review.

REVISE PARTNERSHIP OR CORPORATION COVERAGE RULE

The Company wishes to revise the Partnership or Corporation Coverage for the stand alone Occurrence and Standard Claims Made Programs to remove the reference to a specific limit or to specific classes for the calculation of higher limits. Few AHCP insureds are associated with independent organizations that require a separate policy, but in the rare instances in which this coverage is required, it will be provided at a flat rate at the limit commensurate with the base limit for the program. There is not a substantive rate impact associated with this change.

REVISE PART TIME PRACTICE RULE

The Company wishes to revise the Part Time Practice Rule for the Occurrence and Standard Claims Made Programs to remove the application of Membership Association modifications with Part Time Credits. There is not a substantive rate impact associated with this change.

REVISED COMPREHENSIVE LIABILITY COVERAGE FOR HEALTH CARE PROVIDERS

Also attached are revised manual pages for Section II and V of MedPro's Comprehensive Liability Coverage for Health Care Providers program. The rates used for this program mirror those used for MedPro's individual Allied Healthcare Providers program, and therefore are being included in this submission for manual purposes only.

THE MEDICAL PROTECTIVE COMPANY

Exhibit 1- A

ILLINOIS

HEALTHCARE PROFESSIONAL LIABILITY

SUMMARY OF INDICATIONS

[1]	Selected CIC LALE Ratio	Exhibit 1- B - Line [1]	70.4%
[2]	MPC Permissible LALE Ratio	Exhibit 1- D - Line [7]	74.7%
[3]	Indicated Rate Change	[2] / [1]	-5.7%
[4]	Selected CNA LALE Ratio	Exhibit 1- C - Line [1]	78.4%
[5]	MPC Permissible LALE Ratio	Exhibit 1- D - Line [7]	74.7%
[6]	Indicated Rate Change	[5] / [4]	5.0%
[7]	Premium-Weighted Indication		-2.0%
[8]	Selected Rate Change		-0.5%

THE MEDICAL PROTECTIVE COMPANY

Exhibit 1- B

ILLINOIS

HEALTHCARE PROFESSIONAL LIABILITY

CHICAGO INSURANCE COMPANY COUNTRYWIDE DATA

	[A]	[B]	[C]	[D]=[C]/[A]
	Current Level Earned Premium	Selected Ultimate LALE	Selected Trended Ultimate LALE	Ultimate LALE Ratio
AY				
2004	60,578,188	28,736,640	46,241,472	76.3%
2005	61,955,666	24,561,709	37,641,329	60.8%
2006	60,309,771	19,564,932	28,555,871	47.3%
2007	56,651,938	40,565,104	56,387,178	99.5%
2008	55,076,627	29,114,956	38,543,807	70.0%
Total	294,572,190	142,543,341	207,369,658	70.4%
[1]	Selected CIC LALE Ratio			70.4%
[2]	MPC Permissible LALE Ratio		Exhibit 1- D, Line [7]	74.7%
[3]	Indicated Rate Change		([1] / [2]) - 1	-5.7%

Notes:

Col A: is the sum of the countrywide CLEP for Nurses taken from MA filing effective 7/15/2009 (SERF Tr Num:FFDC-126181688) and countrywide CLEP Excl Nurses from AZ filing effective 2/1/2010 (SERF Tr Num:FFDC-126407283)

Col B: is the sum of the countrywide ultimate losses for Nurses taken from MA filing effective 7/15/2009 (SERF Tr Num:FFDC-126181688) and countrywide ultimate losses for Occupational Therapists Excl Nurses from AZ filing effective 2/1/2010 (SERF Tr Num:FFDC-126407283)

Col C: is the sum of the countrywide trended ultimate losses for Nurses taken from MA filing effective 7/15/2009 (SERF Tr Num:FFDC-126181688) and countrywide trended ultimate losses for Occupational Therapists Excl Nurses from AZ filing effective 2/1/2010 (SERF Tr Num:FFDC-126407283)

Col D: Col. [C] / Col. [A]

THE MEDICAL PROTECTIVE COMPANY

Exhibit 1- C

ILLINOIS

HEALTHCARE PROFESSIONAL LIABILITY

CONTINENTAL CASUALTY COMPANY COUNTRYWIDE DATA

	[A]	[B]	[C]	[D]	[E]	[F]	[G]	[H]	[I]=[H]/[A]
Loss Year	Current Level Earned Premium	Selected Ultimate Indemnity	Indemnity Trend factor	Trended Ultimate Indemnity	Selected Ultimate ALAE	ALAE Trend factor	Trended Ultimate ALAE	Trended Ultimate LALE	On level LALE Ratio
2004	24,495	10,450	1.33	13,941	5,367	1.93	10,381	24,321	99.3%
2005	25,500	10,854	1.30	14,068	5,106	1.81	9,230	23,287	91.3%
2006	27,941	8,473	1.26	10,654	4,333	1.69	7,320	17,974	64.3%
2007	29,884	11,168	1.22	13,634	5,674	1.58	8,958	22,592	75.6%
2008	30,096	11,581	1.19	13,727	5,767	1.48	8,510	22,236	73.9%
2009	29,183	11,306	1.15	13,010	5,551	1.38	7,655	20,665	70.8%
Total	167,099	63,832		79,023	31,798		52,053	131,077	78.4%

Expected LALE Ratios

[1]	Selected LALE Ratio	78.4%
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Rate Change Indication

[2]	Selected MPC LALE Ratio	78.4%
[3]	MPC Permissible LALE Ratio	Exhibit 1- D - Line [7] 74.7%
[4]	Indicated Rate Change	(([2] / [3]) - 1) 5.0%

Notes:

Col [A] - Col [I] : is the countrywide data for healthcare professionals taken from CO filing effective 9/1/2010 (SERF Tr Num:253010)

Dollar values shown are in thousands of dollars.

THE MEDICAL PROTECTIVE COMPANY

Exhibit 1- D

ILLINOIS

HEALTHCARE PROFESSIONAL LIABILITY

MEDPRO PERMISSIBLE LOSS AND LOSS ADJUSTMENT EXPENSE RATIO

[1]	General Expenses		5.3%
[2]	Brokerage & Commissions:		10.0%
[3]	Taxes, Licenses and Fees:		1.3%
[4]	Underwriting Profit Provision		5.0%
[5]	Permissible Loss & LAE Ratio	$1 - ([1] + [2] + [3] + [4])$	78.4%
[6]	ULAE to LALE Ratio		5.0%
[7]	Permissible Loss & ALAE Ratio	$[5] / (1 + [6])$	74.7%

THE MEDICAL PROTECTIVE COMPANY

EXHIBIT II

HEALTHCARE PROFESSIONAL LIABILITY

PROPOSED OCCURRENCE RATES

ISOCODE	Description	Current Class	Current 1M/3M OC Rate	Proposed 1M/3M OC Rate	Proposed Class	State in-force Premium	Impact
73201	Dental Assistant	1A	\$140	\$51	1	0	-63.6%
73203	Dental Hygienist	1A	\$140	\$62	2	0	-55.7%
72102	Physical Therapy Assistant	2	\$545	\$76	3	0	-86.1%
72705	Audiologist/Speech Pathologist	2	\$545	\$81	4	0	-85.1%
71602	Occupational Therapist Assistant	2	\$545	\$81	4	0	-85.1%
70410	Cardiology Technologist	1B	\$328	\$93	5	0	-71.6%
70408	Clinical Laboratory Technologist	1B	\$328	\$93	5	0	-71.6%
70501	Dietician	1B	\$328	\$93	5	0	-71.6%
70407	Electrocardiograph Technician	1B	\$328	\$93	5	0	-71.6%
70405	Electroneurodiagnostic Technologist	1B	\$328	\$93	5	0	-71.6%
70963	Licensed Practicing Nurse	1B	\$328	\$93	5	0	-71.6%
73106	Medical (Office) Assistant	1B	\$328	\$93	5	0	-71.6%
70403	Medical Laboratory Technician	1B	\$328	\$93	5	0	-71.6%
73108	Medical Records Technician	1B	\$328	\$93	5	0	-71.6%
70406	Nuclear Medicine Technologist	1B	\$328	\$93	5	0	-71.6%
71601	Occupational Therapist	4	\$1,526	\$93	5	0	-93.9%
70409	Radiation Therapy Technologist	2	\$545	\$93	5	0	-82.9%
70964	Registered Nurse	1B	\$328	\$93	5	0	-71.6%
72601	Respiratory Therapist	4	\$1,526	\$93	5	0	-93.9%
72602	Respiratory Therapy Assistant	1B	\$328	\$93	5	0	-71.6%
73107	Surgical Technician	2	\$545	\$93	5	129	-82.9%
70404	X-Ray Technician	2	\$545	\$93	5	0	-82.9%
72799	Case Manager	4	\$1,526	\$114	6	0	-92.5%
70402	Counselor	1B	\$328	\$114	6	0	-65.2%
72701	Social Worker	2	\$545	\$114	6	0	-79.1%
72001	Pharmacist	3	\$763	\$133	7	0	-82.6%
72103	Physical Therapist - Non Owner	3	\$763	\$149	8	567	-80.5%
72205	Perfusionist	4	\$1,526	\$163	9	0	-89.3%
71701	Optician	2	\$545	\$166	10	0	-69.5%
73105	Paramedic/EMT	3	\$763	\$167	11	0	-78.1%
71802	Ophthalmic Technologist	1B	\$328	\$249	12	0	-24.1%
72401	Psychologist	4	\$1,526	\$394	13	0	-74.2%
72101	Physical Therapist - Owner	4	\$1,526	\$418	14	0	-72.6%
71402	Nurse Midwife Assistant	2	\$545	\$545	15	0	0.0%
71801	Optometrist	3	\$763	\$530	16	2,228	-30.5%
72201	Nurse Practitioner Non Prescribing	5	\$1,962	\$653	17	5,478	-66.7%
72299	Nurse Practitioner Prescribing	6	\$2,664	\$653	17	8,233	-75.5%
72203	Nurse Surgical Assistant	6	\$2,664	\$653	17	0	-75.5%
72202	Physician's Assistant Non Prescribing	5	\$1,962	\$4,179	18	8,416	113.0%
72298	Physician's Assistant Prescribing	6	\$2,664	\$4,179	18	8,520	56.9%
72206	Anesthesia Assistant	7A	\$3,606	\$4,868	19	0	35.0%
71502	Certified Registered Nurse Anesthetist	7A	\$3,606	\$4,868	19	104,626	35.0%
71510	Registered Nurse Anesthetist	7A	\$3,606	\$4,868	19	0	35.0%
72204	Physician Surgical Assistant	6	\$2,664	\$6,268	20	0	135.3%
72301	Podiatrist (No Surgery)	8A	\$7,342	\$5,304	21	0	-27.8%
72303	Podiatrist (Surgery)	8B	\$14,684	\$7,686	22	17,041	-47.7%
71401	Nurse Midwife	7B	\$18,960	\$18,960	23	34,508	0.0%

189,746

TOTAL IMPACT OF CLASS CHANGES 16.7%

TOTAL IMPACT OF TERRITORY CHANGES -14.8%

TOTAL IMPACT -0.5%

THE MEDICAL PROTECTIVE COMPANY

Exhibit III

ILLINOIS

HEALTHCARE PROFESSIONAL LIABILITY

TERRITORY CHANGES

CURRENT STRUCTURE

<u>DDS Class</u>	<u>Territory</u>	<u>Relativity</u>	<u>Counties</u>
1A	TERR 1	1.0	ENTIRE STATE
<u>MD Class</u>	<u>Territory</u>	<u>Relativity</u>	<u>Counties</u>
1B - 4	TERR 1	1.000	Entire State
5 - 8B	TERR 1	2.000	COOK, JACKSON, MADISON, ST. CLAIR AND WILL COUNTIES
5 - 8B	TERR 2	1.800	VERMILLION COUNTY
5 - 8B	TERR 3	1.700	KANE, LAKE, MCHENRY AND WINNEBAGO COUNTIES
5 - 8B	TERR 4	1.500	KANKAKEE COUNTY BUREAU, CHAMPAIGN, COLES, DEKALB, DUPAGE, EFFINGHAM, LASALLE, MACON, OGLE AND RANDOLPH COUNTIES
5 - 8B	TERR 5	1.400	
5 - 8B	TERR 6	1.200	GRUNDY COUNTY
5 - 8B	TERR 7	0.900	ADAMS, KNOX, PEORIA AND ROCK ISLAND COUNTIES
5 - 8B	TERR 8	1.000	REMAINDER OF STATE
6 - 8B	TERR 9	1.100	SANGAMON COUNTY

PROPOSED STRUCTURE

<u>Class</u>	<u>Territory</u>	<u>Relativity</u>	<u>Counties</u>
ALL CLASSES	TERR 1	1.200	COOK COUNTY
ALL CLASSES	TERR 2	1.000	REMAINDER OF STATE

Section 754

Section 754 EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF - 3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective: 4/1/2013

(1)	(2)	(3)
Coverage	Annual Premium Volume (Illinois)*	Percent Change (+or-)**
1. Automobile Liability Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop/Hall		
15. Other: Allied Healthcare Professional Liability		
Life Insurance	189,746	-0.5%

Does filing only apply to certain territory (territories) or certain Classes? If so, specify: n/a

Brief Description of filing. (If filing follows rates of an advisory

Organization, specify

organization):

The filing includes modifications to the class plans, Partnership/Corporation rule, Part-Time Practice rule & associated Comprehensive pages.

*Adjusted to reflect all prior rate changes

**Change in Company's premium level which will result from application of new rates.

THE MEDICAL PROTECTIVE COMPANY

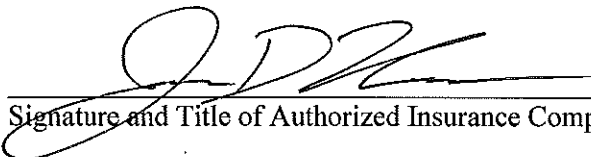
[Signature] Name of Company
Vice President
Official - Title

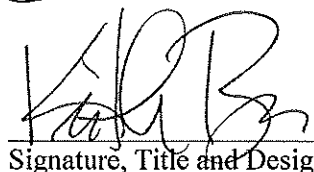
ILLINOIS CERTIFICATION FOR MEDICAL MALPRACTICE RATES

(215 ILCS 5/155.18)(3) states that medical liability rates shall be certified in such filing by an officer of the company and a qualified actuary that the company's rates are based on sound actuarial principles and are not inconsistent with the company's experience.

I, Jim D. Kunce a duly authorized officer of The Medical Protective Company, am authorized to certify on behalf of the Company making this filing that the company's rates are based on sound actuarial principles and are not inconsistent with the company's experience, and that I am knowledgeable of the laws, regulations and bulletins applicable to the policy rates that are the subject of this filing.

I, Keith Barnes, a duly authorized actuary of The Medical Protective Company, am authorized to certify on behalf of The Medical Protective Company making this filing that the company's rates are based on sound actuarial principles and are not inconsistent with the company's experience, and that I am knowledgeable of the laws, regulations and bulletins applicable to the policy rates that are the subject of this filing.

 SVP + Chief Actuary 12/17/12
Signature and Title of Authorized Insurance Company Officer Date

 FCAS, MAAA Vice President 12/17/12
Signature, Title and Designation of Authorized Actuary Date

Insurance Company FEIN: 35-0506406 Filing Number: 12-ILA-01

Insurer Address: 5814 Reed Road

City: Fort Wayne State: IN Zip: 46835

- Contact Person's
Name and E-mail Melissa Millican melissa.millican@medpro.com

- Direct Telephone and
Fax Number Direct: 260-486-0838 Fax: 260-486-0733

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

ILLINOIS
ALLIED HEALTHCARE PROVIDERS
STANDARD CLAIMS MADE PROGRAM
RATE CLASSES

CLASS ~~I-A1~~

DENTAL ASSISTANT, ~~DENTAL HYGIENIST.~~

CLASS ~~I-B~~

~~CARDIOLOGY TECHNOLOGIST, CLINICAL LABORATORY TECHNOLOGIST, COUNSELOR,
DIETICIAN, ELECTROCARDIOGRAPH TECHNICIAN, ELECTRONEURODIAGNOSTIC
TECHNOLOGIST, LICENSED PRACTICING NURSE, MEDICAL LABORATORY TECHNICIAN,
MEDICAL (OFFICE) ASSISTANT, MEDICAL RECORDS TECHNICIAN, NUCLEAR MEDICINE
TECHNOLOGIST, OPHTHALMOLOGY TECHNICIAN, RESPIRATORY THERAPY ASSISTANT,
REGISTERED NURSE.~~

CLASS ~~II2~~

~~AUDIOLOGIST/SPEECH PATHOLOGIST, NURSE MIDWIFE ASSISTANT, OCCUPATIONAL
THERAPIST ASSISTANT, OPTICIAN, PHYSICAL THERAPY ASSISTANT, RADIATION
THERAPY TECHNOLOGIST, SOCIAL WORKER, SURGICAL TECHNICIAN, X-RAY
TECHNICIAN. DENTAL HYGIENIST.~~

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ILLINOIS
ALLIED HEALTHCARE PROVIDERS
STANDARD CLAIMS MADE PROGRAM
RATE CLASSES

CLASS ~~III~~3

~~OPTOMETRIST, PARAMEDIC/EMT, PHARMACIST, PHYSICAL THERAPIST ASSISTANT~~
~~(NON-OWNER).~~

CLASS ~~IV~~4

~~CASE MANAGER, AUDIOLOGIST/SPEECH PATHOLOGIST AND OCCUPATIONAL~~
~~THERAPIST ASSISTANT, PERFUSIONIST, PHYSICAL THERAPIST (OWNER),~~
~~PSYCHOLOGIST, RESPIRATORY THERAPIST.~~

CLASS ~~V~~5

CARDIOLOGY TECHNOLOGIST, CLINICAL LABORATORY TECHNOLOGIST,
DIETICIAN, ELECTROCARDIOGRAPH TECHNICIAN, ELECTRONEURODIAGNOSTIC
TECHNOLOGIST, LICENSED PRACTICING NURSE, MEDICAL LABORATORY
TECHNICIAN, MEDICAL (OFFICE) ASSISTANT, MEDICAL RECORDS TECHNICIAN,
NUCLEAR MEDICINE TECHNOLOGIST, OCCUPATIONAL THERAPIST, RADIATION
THERAPY TECHNOLOGIST, REGISTERED NURSE, RESPIRATORY THERAPIST,
RESPIRATORY THERAPY ASSISTANT, SURGICAL TECHNICIAN AND X-RAY
TECHNICIAN.

The
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Fort Wayne, Indiana 46835
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ILLINOIS

ALLIED HEALTHCARE PROVIDERS

STANDARD CLAIMS MADE PROGRAM

RATE CLASSES

~~NURSE PRACTITIONER (NON-PRESCRIBING), PHYSICIAN'S ASSISTANT (NON-PRESCRIBING).~~

CLASS ~~VI~~6

~~CASE MANAGER, COUNSELOR AND SOCIAL WORKER.~~

~~NURSE SURGICAL ASSISTANT, PHYSICIAN SURGICAL ASSISTANT.~~

~~NURSE PRACTITIONER (PRESCRIBING), PHYSICIAN'S ASSISTANT (PRESCRIBING).~~

CLASS ~~VII~~-A 7

~~CERTIFIED REGISTERED NURSE ANESTHETIST, REGISTERED NURSE ANESTHETIST,
ANESTHESIA ASSISTANT. PHARMACIST.~~

CLASS ~~VII~~-B

~~NURSE MIDWIFE.~~

CLASS ~~VIII~~-A8

~~PODIATRIST (NO SURGERY). PHYSICAL THERAPIST- NON OWNER.~~

The
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Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

ILLINOIS

ALLIED HEALTHCARE PROVIDERS

STANDARD CLAIMS MADE PROGRAM

RATE CLASSES

~~CLASS VIII-B~~

PODIATRIST (SURGERY).

CLASS 9

PERFUSIONIST.

CLASS 10

OPTICIAN.

CLASS 11

PARAMEDIC/EMT.

CLASS 12

OPHTHALMIC TECHNOLOGIST.

CLASS 13

PSYCHOLOGIST.

The
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Professional Protection Exclusively Since 1899

ILLINOIS

ALLIED HEALTHCARE PROVIDERS

STANDARD CLAIMS MADE PROGRAM

RATE CLASSES

CLASS 14

PHYSICAL THERAPIST – OWNER.

CLASS 15

NURSE MIDWIFE ASSISTANT.

CLASS 16

OPTOMETRIST.

CLASS 17

NURSE PRACTITIONER (NON-PRESCRIBING), NURSE PRACTITIONER
(PRESCRIBING) AND NURSE SURGICAL ASSISTANT.

CLASS 18

PHYSICIAN'S ASSISTANT (NON-PRESCRIBING) AND PHYSICIAN'S ASSISTANT
(PRESCRIBING).

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ILLINOIS

ALLIED HEALTHCARE PROVIDERS

STANDARD CLAIMS MADE PROGRAM

RATE CLASSES

CLASS 19

ANESTHESIA ASSISTANT, CERTIFIED REGISTERED NURSE ANESTHETIST AND
REGISTERED NURSE ANESTHETIST.

CLASS 20

PHYSICIAN SURGICAL ASSISTANT.

CLASS 21

PODIATRIST (NO SURGERY).

CLASS 22

PODIATRIST (SURGERY).

CLASS 23

NURSE MIDWIFE.

The
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ILLINOIS
ALLIED HEALTHCARE PROVIDERS
OCCURRENCE PROGRAM
RATE CLASSES

CLASS ~~I-A1~~

DENTAL ASSISTANT, ~~DENTAL HYGIENIST.~~

CLASS ~~I-B~~

~~CARDIOLOGY TECHNOLOGIST, CLINICAL LABORATORY TECHNOLOGIST, COUNSELOR,
DIETICIAN, ELECTROCARDIOGRAPH TECHNICIAN, ELECTRONEURODIAGNOSTIC
TECHNOLOGIST, LICENSED PRACTICING NURSE, MEDICAL LABORATORY TECHNICIAN,
MEDICAL (OFFICE) ASSISTANT, MEDICAL RECORDS TECHNICIAN, NUCLEAR MEDICINE
TECHNOLOGIST, OPHTHALMOLOGY TECHNICIAN, RESPIRATORY THERAPY ASSISTANT,
REGISTERED NURSE.~~

CLASS ~~II2~~

~~AUDIOLOGIST/SPEECH PATHOLOGIST, NURSE MIDWIFE ASSISTANT, OCCUPATIONAL
THERAPIST ASSISTANT, OPTICIAN, PHYSICAL THERAPY ASSISTANT, RADIATION
THERAPY TECHNOLOGIST, SOCIAL WORKER, SURGICAL TECHNICIAN, X-RAY
TECHNICIAN. DENTAL HYGIENIST.~~

The
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Professional Protection Exclusively Since 1899

ILLINOIS
ALLIED HEALTHCARE PROVIDERS
OCCURRENCE PROGRAM
RATE CLASSES

CLASS ~~III~~3

~~OPTOMETRIST, PARAMEDIC/EMT, PHARMACIST, PHYSICAL THERAPIST ASSISTANT~~
~~(NON-OWNER).~~

CLASS ~~IV~~4

~~CASE MANAGER, AUDIOLOGIST/SPEECH PATHOLOGIST AND OCCUPATIONAL~~
~~THERAPIST ASSISTANT, PERFUSIONIST, PHYSICAL THERAPIST (OWNER),~~
~~PSYCHOLOGIST, RESPIRATORY THERAPIST.~~

CLASS ~~V~~5

CARDIOLOGY TECHNOLOGIST, CLINICAL LABORATORY TECHNOLOGIST,
DIETICIAN, ELECTROCARDIOGRAPH TECHNICIAN, ELECTRONEURODIAGNOSTIC
TECHNOLOGIST, LICENSED PRACTICING NURSE, MEDICAL LABORATORY
TECHNICIAN, MEDICAL (OFFICE) ASSISTANT, MEDICAL RECORDS TECHNICIAN,
NUCLEAR MEDICINE TECHNOLOGIST, OCCUPATIONAL THERAPIST, RADIATION
THERAPY TECHNOLOGIST, REGISTERED NURSE, RESPIRATORY THERAPIST,
RESPIRATORY THERAPY ASSISTANT, SURGICAL TECHNICIAN AND X-RAY
TECHNICIAN.

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OCCURRENCE PROGRAM
RATE CLASSES

~~NURSE PRACTITIONER (NON-PRESCRIBING), PHYSICIAN'S ASSISTANT (NON-PRESCRIBING).~~

CLASS ~~VI~~6

~~CASE MANAGER, COUNSELOR AND SOCIAL WORKER.
NURSE SURGICAL ASSISTANT, PHYSICIAN SURGICAL ASSISTANT.~~

~~NURSE PRACTITIONER (PRESCRIBING), PHYSICIAN'S ASSISTANT (PRESCRIBING).~~

CLASS ~~VII-A~~ 7

~~CERTIFIED REGISTERED NURSE ANESTHETIST, REGISTERED NURSE ANESTHETIST,
ANESTHESIA ASSISTANT. PHARMACIST.~~

CLASS ~~VII-B~~

~~NURSE MIDWIFE.~~

CLASS ~~VIII-A~~ 8

~~PODIATRIST (NO SURGERY). PHYSICAL THERAPIST- NON OWNER.~~

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ILLINOIS
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OCCURRENCE PROGRAM
RATE CLASSES

~~CLASS VIII-B~~

PODIATRIST (SURGERY).

CLASS 9

PERFUSIONIST.

CLASS 10

OPTICIAN.

CLASS 11

PARAMEDIC/EMT.

CLASS 12

OPHTHALMIC TECHNOLOGIST.

CLASS 13

PSYCHOLOGIST.

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OCCURRENCE PROGRAM
RATE CLASSES

CLASS 14

PHYSICAL THERAPIST – OWNER.

CLASS 15

NURSE MIDWIFE ASSISTANT.

CLASS 16

OPTOMETRIST.

CLASS 17

NURSE PRACTITIONER (NON-PRESCRIBING), NURSE PRACTITIONER
(PRESCRIBING) AND NURSE SURGICAL ASSISTANT.

CLASS 18

PHYSICIAN'S ASSISTANT (NON-PRESCRIBING) AND PHYSICIAN'S ASSISTANT
(PRESCRIBING).

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ILLINOIS
ALLIED HEALTHCARE PROVIDERS
OCCURRENCE PROGRAM
RATE CLASSES

CLASS 19

ANESTHESIA ASSISTANT, CERTIFIED REGISTERED NURSE ANESTHETIST AND
REGISTERED NURSE ANESTHETIST.

CLASS 20

PHYSICIAN SURGICAL ASSISTANT.

CLASS 21

PODIATRIST (NO SURGERY).

CLASS 22

PODIATRIST (SURGERY).

CLASS 23

NURSE MIDWIFE.

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Professional Protection Exclusively Since 1899

ILLINOIS

ALLIED HEALTHCARE PROVIDERS

OCCURRENCE PROGRAM

PARTNERSHIP OR CORPORATION COVERAGE

REGARDLESS OF THE NUMBER OF PARTNERS OR SHAREHOLDERS OR THE RATE CLASSES OF THE INDIVIDUAL PARTNERS OR SHAREHOLDERS, THE PREMIUM FOR A PARTNERSHIP OR CORPORATION POLICY SHALL BE AS FOLLOWS:

<u>POLICY LIMITS</u>	<u>PREMIUM</u>
\$100,000/\$300,000	\$500

~~FOR HIGHER LIMITS, A~~APPLY THE ALLIED HEALTHCARE PROVIDERS “ALL OTHER CLASSES” INCREASED LIMITS FACTORS ~~(CLASSES 1A-5)~~ FOUND IN THE RATES SECTION OF THIS MANUAL.

LIMITS FOR COVERAGE FOR THE PARTNERSHIP OR CORPORATION MAY NOT EXCEED THE LOWEST LIMITS OF COVERAGE OF ANY OF THE INSURED PARTNERS, SHAREHOLDERS OR EMPLOYED/CONTRACTED ALLIED HEALTHCARE PROVIDERS.

A SEPARATE POLICY IS ISSUED.

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

ILLINOIS

ALLIED HEALTHCARE PROVIDERS

STANDARD CLAIMS MADE PROGRAM

PARTNERSHIP OR CORPORATION COVERAGE

REGARDLESS OF THE NUMBER OF PARTNERS OR SHAREHOLDERS OR THE RATE CLASSES OF THE INDIVIDUAL PARTNERS OR SHAREHOLDERS, THE PREMIUM FOR A PARTNERSHIP OR CORPORATION POLICY SHALL BE AS FOLLOWS:

<u>POLICY LIMITS</u>	<u>PREMIUM</u>
\$100,000/\$300,000	\$500

~~FOR HIGHER LIMITS, A~~APPLY THE ALLIED HEALTHCARE PROVIDERS “ALL OTHER CLASSES” INCREASED LIMITS FACTORS ~~(CLASSES 1A-5)~~ FOUND IN THE RATES SECTION OF THIS MANUAL.

LIMITS FOR COVERAGE FOR THE PARTNERSHIP OR CORPORATION MAY NOT EXCEED THE LOWEST LIMITS OF COVERAGE OF ANY OF THE INSURED PARTNERS, SHAREHOLDERS OR EMPLOYED/CONTRACTED ALLIED HEALTHCARE PROVIDERS.

A SEPARATE POLICY IS ISSUED.

The
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Fort Wayne, Indiana 46835
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ILLINOIS
ALLIED HEALTHCARE PROVIDERS
OCCURRENCE PROGRAM
PART TIME PRACTICE RULE

ANY INSURED WHO PRACTICES ON AVERAGE 20 HOURS OR LESS IN A WEEK OR LESS THAN AN AGGREGATE OF 1,050 HOURS DURING THE TERM OF AN ANNUAL POLICY WILL BE CONSIDERED A PART TIME PRACTITIONER AND WILL BE ELIGIBLE FOR A REDUCTION IN THE OTHERWISE APPLICABLE RATE BASED ON THE FOLLOWING SCHEDULE.

<u>AVERAGE NUMBER HOURS PRACTICED PER WEEK</u>	<u>MAX. AGGREGATE HOURS PER YR</u>	<u>CREDIT</u>
0-10 HOURS	515	50%
11-20 HOURS	1,050	30%

NO OTHER CREDITS OR DISCOUNTS ARE TO APPLY CONCURRENT WITH THIS RULE EXCEPT RISK MANAGEMENT CREDIT AND SCHEDULE RATING MODIFICATIONS.

~~DUE TO THE MINIMUM PREMIUM REQUIREMENTS RULE, APPLIES TO PART TIME CREDITS ARE AVAILABLE FOR CLASS 4-8B ONLY PRACTITIONERS.~~

A. Classifications

1. Applicable to the Occurrence and Standard Claims Made Programs.
2. The following classification plan shall be used to determine the appropriate rating class for each individual insured.

CLASS ~~I-A1~~

Dental Assistant, ~~Dental Hygienist.~~

CLASS ~~I-B~~

~~Cardiology Technologist, Clinical Laboratory Technologist, Counselor, Dietician, Electrocardiograph Technician, Electroneurodiagnostic Technologist, Licensed Practicing Nurse, Medical Laboratory Technician, Medical (Office) Assistant, Medical Records Technician, Nuclear Medicine Technologist, Ophthalmology Technician, Respiratory Therapy Assistant, Registered Nurse.~~

CLASS ~~II2~~

~~Audiologist/Speech Pathologist, Nurse Midwife Assistant, Occupational Therapist Assistant, Optician, Physical Therapy Assistant, Radiation Therapy Technologist, Social Worker, Surgical Technician, X-Ray Technician, Dental Hygienist.~~

CLASS ~~III3~~

~~Optometrist, Paramedic/EMT, Pharmacist, Physical Therapy Assistant, (Non-Owner).~~

CLASS ~~IV4~~

~~Case Manager, Audiologist/Speech Pathologist and Occupational Therapist Assistant, Perfusionist, Physical Therapist (Owner), Psychologist, Respiratory Therapist.~~

CLASS ~~V5~~

~~Cardiology Technologist, Clinical Laboratory Technologist, Dietician, Electrocardiograph Technician, Electroneurodiagnostic Technologist, Licensed Practicing Nurse, Medical Laboratory Technician, Medical (Office) Assistant, Medical Records Technician, Nuclear Medicine Technologist, Occupational Therapist, Radiation Therapy Technologist, Registered Nurse, Respiratory Therapist, Respiratory Therapy Assistant, Surgical Technician and X-Ray Technician, Nurse Practitioner (Non-prescribing), Physician's Assistant (Non-prescribing).~~

CLASS ~~VI6~~

~~Case Manager, Counselor and Social Worker, Nurse Surgical Assistant, Physician Surgical Assistant, Nurse Practitioner (Prescribing), Physician's Assistant (Prescribing).~~

CLASS ~~VII-A7~~

~~Certified Registered Nurse Anesthetist, Registered Nurse Anesthetist, Anesthesia Assistant, Pharmacist.~~

CLASS ~~VII-B~~

~~Nurse Midwife.~~

CLASS ~~VIII-A8~~

Physical Therapist - Non Owner. ~~Podiatrist (No Surgery)~~

CLASS VIII-B

~~Podiatrist (Surgery).~~

CLASS 9

Perfusionist.

CLASS 10

Optician.

CLASS 11

Paramedic/EMT.

CLASS 12

Ophthalmic Technologist.

CLASS 13

Psychologist.

CLASS 14

Physical Therapist – Owner.

CLASS 15

Nurse Midwife Assistant.

CLASS 16

Optometrist.

CLASS 17

Nurse Practitioner (Non-Prescribing), Nurse Practitioner (Prescribing) and Nurse Surgical Assistant.

CLASS 18

Physician's Assistant (Non-Prescribing) and Physician's Assistant (Prescribing).

CLASS 19

Anesthesia Assistant, Certified Registered Nurse Anesthetist and Registered Nurse Anesthetist.

CLASS 20

Physician Surgical Assistant.

CLASS 21

Podiatrist (No Surgery).

CLASS 22

Podiatrist (Surgery).

CLASS 23

Nurse Midwife.

B. Manual Rates

1. Territory Definitions

<u>Area1</u>	<u>Cook County</u>
<u>Area2</u>	<u>Remainder of State</u>

~~Refer to Program Type for the Territory definition and description.~~

2. Occurrence Program.

Class	Rate
1A	5% of 80211 base rate (General Dentistry)
1B	3% of 80420 base rate (Family/General Practice — No Surgery)
2	5% of 80420 base rate (Family/General Practice — No Surgery)
3	7% of 80420 base rate (Family/General Practice — No Surgery)
4	14% of 80420 base rate (Family/General Practice — No Surgery)
5	18% of 80420 (Family/General Practice — No Surgery)
6	22% of 80420 (Family/General Practice — No Surgery)
7A	25% of 80151 (Anesthesiology)
7B	40% of 80153 (Obstetrics/Gynecology)
8A	25% of 80176 (Orthopedic Surgery — Excluding Spinal)
8B	50% of 80176 (Orthopedic Surgery — Excluding Spinal)

~~a. Class 1A base rates are calculated as a percentage of the Dentists Statewide 100/300 Limits Occurrence rate.~~

~~b. Classes 1B-4 base rates are calculated as a percentage of the Physicians & Surgeons Territory 2 (Rest of State) 100/300 Limits Occurrence rate.~~

~~c. Classes 5-8B base rates are calculated as a percentage of the Physicians & Surgeons 100/300 Limits occurrence rate for the appropriate territory.~~

~~d. Rates for higher than 100/300 limits are calculated by applying the Allied Healthcare Provider increased limit factors to the base rate.~~

3. ~~Standard Claims Made Program.~~

Class	Rate
1A	5% of 80211 base rate (General Dentistry)
1B	3% of 80420 base rate (Family/General Practice—No Surgery)
2	5% of 80420 base rate (Family/General Practice—No Surgery)
3	7% of 80420 base rate (Family/General Practice—No Surgery)
4	14% of 80420 base rate (Family/General Practice—No Surgery)
5	18% of 80420 (Family/General Practice—No Surgery)
6	22% of 80420 (Family/General Practice—No Surgery)
7A	25% of 80151 (Anesthesiology)
7B	40% of 80153 (Obstetrics/Gynecology)
8A	25% of 80176 (Orthopedic Surgery—Excluding Spinal)
8B	50% of 80176 (Orthopedic Surgery—Excluding Spinal)

- ~~a. The Mature Standard Claims Made rate for Class 1A is 0.920 of [MPI] the corresponding Allied Health Care Provider Occurrence rate.~~
- ~~b. The Mature Standard Claims Made rate for Classes 1B-8B is 0.920 of the corresponding Allied Health Care Provider Occurrence Rate.~~
- ~~c. Class 1A base rates are calculated as a percentage of the Dentists Territory (Rest of State) 100/300 Limits Occurrence rate.~~
- ~~d. Classes 1B-4 base rates are calculated as a percentage of the Physicians & Surgeons Territory (Rest of State) 100/300 Limits Occurrence rate.~~
- ~~e. Classes 5-8B base rates are calculated as a percentage of the Physicians & Surgeons 100/300 Limits occurrence rate for the appropriate territory.~~
- ~~f. Allied Health Care Provider Claims Made Factors may be applied to the Mature Standard Claims Made base rate for the applicable year of claims made coverage.~~
- ~~g. Rates for limits higher than 100/300 limits are calculated by applying the Allied Health Care Provider increased limit factors to the base rate.~~

4. Increased Limits Factors

Limits	Classes 1A-5	Classes 6-8B
100/300	1.000	1.000
200/600	1.220	1.260
500/1000	1.460	1.630
1000/1000	1.750	1.940
1000/3000	1.800	2.000
2000/2000	2.050	2.410
2000/4000	2.120	2.480
3000/3000	2.220	2.680
3000/5000	2.290	2.750

~~A minimum of 1000/3000 underlying limits required in order to purchase shared excess limits.~~

Limits	All Other Classes	Classes 18 & 20	Class 19	Classes 10, 12 & 16	Classes 21 & 22
100/300	0.667	0.496	0.461	0.645	0.588

<u>200/600</u>	<u>0.719</u>	<u>0.670</u>	<u>0.581</u>	<u>0.684</u>	<u>0.706</u>
<u>500/1000</u>	<u>0.823</u>	<u>0.846</u>	<u>0.802</u>	<u>0.800</u>	<u>0.824</u>
<u>1000/1000</u>	<u>0.979</u>	<u>0.965</u>	<u>0.949</u>	<u>0.961</u>	<u>0.912</u>
<u>1000/3000</u>	<u>1.000</u>	<u>1.000</u>	<u>1.000</u>	<u>1.000</u>	<u>1.000</u>

5. ~~Extended Reporting Period Coverage~~ Excess Limit Factors

<u>Limits</u>	<u>All Other Classes</u>	<u>Classes 18 & 20</u>	<u>Class 19</u>	<u>Classes 10, 12 & 16</u>	<u>Classes 21 & 22</u>
1M/1M xs 1M/3M	1.198	1.198	1.180	1.129	1.200
2M/2M xs 1M/3M	1.366	1.376	1.355	1.277	1.476
3M/3M xs 1M/3M	1.509	1.536	1.512	1.438	1.793
4M/4M xs 1M/3M	1.631	1.680	1.655	1.613	2.140

Note: For aggregate limits not listed above, refer to company

<u>Years Retro. Date Precedes Expiration Date</u>	<u>Classes 1A-4</u>	<u>Classes 5-8B</u>
<u>1</u>	<u>0.750</u>	<u>0.700</u>
<u>2</u>	<u>1.000</u>	<u>1.000</u>
<u>3</u>	<u>1.100</u>	<u>1.150</u>
<u>4</u>	<u>1.150</u>	<u>1.200</u>
<u>5 or more</u>	<u>1.200</u>	<u>1.250</u>

a. ~~Factor applies to Mature Claims Made Allied Health Care Provider rate.~~

6. ~~Claims Made~~ Factors

<u>Years Since Retroactive Date</u>	<u>Class 1A-4</u>	<u>Classes 5-8B</u>
<u>0</u>	<u>0.60</u>	<u>0.45</u>
<u>1</u>	<u>0.80</u>	<u>0.70</u>
<u>2</u>	<u>0.90</u>	<u>0.85</u>
<u>3</u>	<u>0.95</u>	<u>0.90</u>
<u>4 or More</u>	<u>1.00</u>	<u>1.00</u>

Extension Contract Factors

<u>Years Retroactive Date Precedes Effective Date</u>	<u>All Other Classes</u>	<u>Classes 18 & 20</u>	<u>Class 19</u>	<u>Classes 10, 12, 16</u>	<u>Classes 21 & 22</u>
<u>Less than 1</u>	<u>0.920</u>	<u>0.670</u>	<u>0.544</u>	<u>0.864</u>	<u>0.960</u>
<u>1</u>	<u>1.430</u>	<u>1.065</u>	<u>0.792</u>	<u>1.247</u>	<u>1.487</u>
<u>2</u>	<u>1.700</u>	<u>1.285</u>	<u>0.940</u>	<u>1.487</u>	<u>1.679</u>
<u>3</u>	<u>1.870</u>	<u>1.607</u>	<u>0.980</u>	<u>1.631</u>	<u>1.727</u>
<u>4 or More</u>	<u>1.870</u>	<u>1.607</u>	<u>0.990</u>	<u>1.631</u>	<u>1.727</u>

OCCURRENCE RATES					
Area 1					
Class	100/300	200/600	500/1000	1000/1000	1000/3000
1	41	44	50	60	61
2	49	53	61	72	74
3	61	65	75	89	91
4	65	70	80	95	97
5	75	81	92	110	112
6	91	99	113	134	137
7	107	115	132	157	160
8	119	129	147	175	179
9	131	141	161	192	196
10	128	136	159	191	199
11	133	144	165	196	200
12	193	205	239	287	299
13	315	340	389	463	473
14	335	361	413	491	502
15	436	470	538	640	654
16	410	435	509	611	636
17	523	564	645	768	784
18	2,488	3,361	4,244	4,841	5,017
19	2,694	3,395	4,687	5,546	5,844
20	3,732	5,042	6,366	7,262	7,525
21	3,744	4,495	5,246	5,807	6,367
22	5,425	6,514	7,603	8,415	9,227
23	15,182	16,366	18,733	22,284	22,762

ALLIED HEALTHCARE PROVIDERS STANDARD CLAIMS MADE RATES Area 1 0 YRS SINCE RETROACTIVE DATE					
Class	100/300	200/600	500/1000	1000/1000	1000/3000
1	13	14	16	20	20
2	16	17	20	23	24
3	19	21	24	28	29
4	21	22	26	30	31
5	24	26	30	35	36
6	29	32	36	43	44
7	34	37	42	50	51
8	38	41	47	56	57
9	42	45	52	62	63
10	43	45	53	63	66
11	43	46	53	63	64
12	64	68	79	95	99
13	101	109	124	148	151
14	107	116	133	158	161
15	139	150	172	205	209
16	137	145	170	204	212
17	167	180	207	246	251
18	906	1,224	1,546	1,763	1,827
19	1,450	1,827	2,522	2,985	3,145
20	1,359	1,836	2,318	2,644	2,740
21	1,422	1,708	1,993	2,206	2,419
22	2,062	2,475	2,889	3,197	3,506
23	4,852	5,230	5,987	7,121	7,274

ALLIED HEALTHCARE PROVIDERS					
Area 1					
1 YR SINCE RETROACTIVE DATE					
Class	100/300	200/600	500/1000	1000/1000	1000/3000
1	23	25	29	34	35
2	29	31	35	42	43
3	35	37	43	51	52
4	37	40	45	54	55
5	42	45	52	62	63
6	52	56	64	76	78
7	61	65	75	89	91
8	68	73	84	100	102
9	75	81	92	110	112
10	73	77	90	109	113
11	76	82	94	112	114
12	110	116	136	163	170
13	180	194	222	264	270
14	191	206	235	280	286
15	249	268	307	365	373
16	234	248	290	349	363
17	298	321	368	438	447
18	1,721	2,325	2,936	3,349	3,470
19	2,111	2,660	3,672	4,345	4,579
20	2,581	3,487	4,403	5,022	5,204
21	2,134	2,562	2,990	3,310	3,629
22	3,092	3,713	4,333	4,796	5,259
23	8,652	9,327	10,676	12,700	12,972

ALLIED HEALTHCARE PROVIDERS Area 1 2 YRS SINCE RETROACTIVE DATE					
Class	100/300	200/600	500/1000	1000/1000	1000/3000
1	31	34	39	46	47
2	39	42	48	57	58
3	47	50	58	69	70
4	50	54	62	73	75
5	57	62	71	84	86
6	70	75	86	103	105
7	82	88	101	120	123
8	92	99	114	135	138
9	101	109	124	148	151
10	92	97	114	136	142
11	103	111	127	151	154
12	137	146	170	205	213
13	243	262	300	356	364
14	258	278	319	379	387
15	336	362	414	492	503
16	293	311	363	436	454
17	403	434	497	591	604
18	2,216	2,994	3,780	4,312	4,468
19	2,506	3,158	4,359	5,158	5,435
20	3,324	4,490	5,669	6,466	6,701
21	3,023	3,630	4,236	4,689	5,141
22	4,381	5,260	6,139	6,794	7,450
23	11,687	12,598	14,420	17,153	17,521

ALLIED HEALTHCARE PROVIDERS					
Area 1					
3 YRS SINCE RETROACTIVE DATE					
Class	100/300	200/600	500/1000	1000/1000	1000/3000
1	35	37	43	51	52
2	42	45	52	62	63
3	51	55	63	74	76
4	54	58	67	79	81
5	62	67	77	91	93
6	76	82	94	112	114
7	89	96	110	131	134
8	100	108	123	147	150
9	110	119	136	162	165
10	104	110	129	155	161
11	112	121	138	164	168
12	156	166	194	233	242
13	265	285	327	389	397
14	281	303	346	412	421
15	366	395	452	537	549
16	332	352	411	494	514
17	439	473	542	644	658
18	2,260	3,053	3,855	4,398	4,557
19	2,612	3,292	4,544	5,377	5,666
20	3,390	4,579	5,782	6,596	6,835
21	3,556	4,270	4,984	5,516	6,048
22	5,154	6,188	7,222	7,994	8,765
23	12,738	13,731	15,718	18,697	19,098

ALLIED HEALTHCARE PROVIDERS					
Area 1					
MATURE					
Class	100/300	200/600	500/1000	1000/1000	1000/3000
1	41	44	50	60	61
2	49	53	61	72	74
3	60	65	74	88	90
4	64	69	79	94	96
5	73	79	91	108	110
6	90	97	111	132	135
7	105	114	130	155	158
8	118	127	146	173	177
9	129	139	160	190	194
10	122	129	151	182	189
11	132	142	163	194	198
12	183	194	227	273	284
13	312	336	385	458	468
14	331	357	409	487	497
15	432	465	532	633	647
16	390	414	484	581	605
17	518	558	639	760	776
18	2,260	3,053	3,855	4,398	4,557
19	2,639	3,326	4,591	5,432	5,724
20	3,390	4,579	5,782	6,596	6,835
21	3,556	4,270	4,984	5,516	6,048
22	5,154	6,188	7,222	7,994	8,765
23	15,022	16,193	18,535	22,048	22,521

OCCURRENCE RATES					
Area 2					
Class	100/300	200/600	500/1000	1000/1000	1000/3000
1	34	37	42	50	51
2	41	45	51	61	62
3	51	55	63	74	76
4	54	58	67	79	81
5	62	67	77	91	93
6	76	82	94	112	114
7	89	96	109	130	133
8	99	107	123	146	149
9	109	117	134	160	163
10	107	114	133	160	166
11	111	120	137	163	167
12	161	170	199	239	249
13	263	283	324	386	394
14	279	301	344	409	418
15	364	392	449	534	545
16	342	363	424	509	530
17	436	470	537	639	653
18	2,073	2,800	3,535	4,033	4,179
19	2,244	2,828	3,904	4,620	4,868
20	3,109	4,200	5,303	6,049	6,268
21	3,119	3,745	4,370	4,837	5,304
22	4,519	5,426	6,333	7,010	7,686
23	12,646	13,632	15,604	18,562	18,960

ALLIED HEALTHCARE PROVIDERS STANDARD CLAIMS MADE RATES Area 2 0 YRS SINCE RETROACTIVE DATE					
Class	100/300	200/600	500/1000	1000/1000	1000/3000
1	11	12	13	16	16
2	13	14	16	20	20
3	16	17	20	23	24
4	17	19	21	25	26
5	20	22	25	29	30
6	24	26	30	35	36
7	29	31	35	42	43
8	31	34	39	46	47
9	35	37	43	51	52
10	35	38	44	53	55
11	35	38	44	52	53
12	54	57	66	80	83
13	84	91	104	123	126
14	89	96	110	131	134
15	116	125	143	170	174
16	114	120	141	169	176
17	139	150	172	205	209
18	755	1,020	1,288	1,469	1,522
19	1,209	1,523	2,103	2,488	2,622
20	1,132	1,530	1,931	2,203	2,283
21	1,185	1,423	1,661	1,839	2,016
22	1,718	2,062	2,407	2,664	2,921
23	4,043	4,359	4,989	5,935	6,062

ALLIED HEALTHCARE PROVIDERS					
Area 2					
1 YR SINCE RETROACTIVE DATE					
Class	100/300	200/600	500/1000	1000/1000	1000/3000
1	19	21	24	28	29
2	23	25	29	34	35
3	29	31	35	42	43
4	31	33	38	45	46
5	35	38	44	52	53
6	43	47	53	64	65
7	51	55	63	74	76
8	57	61	70	83	85
9	62	67	77	91	93
10	61	64	75	90	94
11	63	68	78	93	95
12	92	97	114	136	142
13	150	162	185	220	225
14	159	171	196	233	238
15	207	223	255	303	310
16	195	207	242	290	302
17	248	267	306	364	372
18	1,434	1,938	2,447	2,791	2,892
19	1,760	2,218	3,061	3,622	3,817
20	2,151	2,906	3,669	4,185	4,337
21	1,778	2,135	2,492	2,758	3,024
22	2,577	3,094	3,611	3,996	4,382
23	7,210	7,772	8,897	10,583	10,810

ALLIED HEALTHCARE PROVIDERS Area 2 2 YRS SINCE RETROACTIVE DATE					
Class	100/300	200/600	500/1000	1000/1000	1000/3000
1	26	28	32	38	39
2	31	34	39	46	47
3	39	42	48	57	58
4	41	45	51	61	62
5	48	52	59	70	72
6	59	63	72	86	88
7	69	74	85	101	103
8	76	82	94	112	114
9	83	90	103	122	125
10	76	81	94	113	118
11	85	92	105	125	128
12	114	121	142	170	177
13	202	218	249	297	303
14	215	232	265	315	322
15	279	301	345	410	419
16	244	259	302	363	378
17	336	362	414	492	503
18	1,847	2,494	3,150	3,593	3,723
19	2,088	2,632	3,633	4,299	4,530
20	2,770	3,741	4,724	5,389	5,584
21	2,519	3,025	3,530	3,907	4,284
22	3,650	4,383	5,115	5,662	6,208
23	9,740	10,499	12,017	14,295	14,602

ALLIED HEALTHCARE PROVIDERS Area 2 3 YRS SINCE RETROACTIVE DATE					
Class	100/300	200/600	500/1000	1000/1000	1000/3000
1	28	30	35	41	42
2	35	37	43	51	52
3	43	46	53	63	64
4	45	49	56	67	68
5	52	56	64	76	78
6	64	69	79	94	96
7	75	81	92	110	112
8	83	90	103	122	125
9	91	99	113	134	137
10	86	92	107	129	134
11	93	101	115	137	140
12	130	137	161	193	201
13	221	238	272	324	331
14	234	252	289	344	351
15	305	329	376	447	457
16	276	293	342	411	428
17	366	394	451	536	548
18	1,884	2,545	3,213	3,665	3,798
19	2,177	2,744	3,788	4,482	4,723
20	2,825	3,816	4,818	5,496	5,695
21	2,964	3,558	4,153	4,596	5,040
22	4,295	5,157	6,018	6,661	7,304
23	10,615	11,443	13,098	15,581	15,915

ALLIED HEALTHCARE PROVIDERS					
Area 2					
MATURE					
Class	100/300	200/600	500/1000	1000/1000	1000/3000
1	33	36	41	49	50
2	41	44	50	60	61
3	50	54	62	73	75
4	53	58	66	78	80
5	61	66	76	90	92
6	75	81	93	111	113
7	88	95	109	129	132
8	98	106	121	144	147
9	107	116	133	158	161
10	101	107	126	151	157
11	110	119	136	162	165
12	152	161	189	227	236
13	260	280	321	382	390
14	276	298	341	405	414
15	360	388	444	528	539
16	325	345	403	484	504
17	431	464	532	632	646
18	1,884	2,545	3,213	3,665	3,798
19	2,199	2,772	3,826	4,528	4,771
20	2,825	3,816	4,818	5,496	5,695
21	2,964	3,558	4,153	4,596	5,040
22	4,295	5,157	6,018	6,661	7,304
23	12,518	13,494	15,446	18,374	18,768

7.6. Shared Limits Modification

Modification
Up to 25%

C. **Policy Writing Minimum Premium**
(Occurrence & Standard Claims Made Programs)

Allied Health Care Provider	\$50
-----------------------------	------

D. **Premium Modifications**

1. **Part Time Allied Health Care Provider**
(Occurrence & Standard Claims Made Programs)

Hours Practicing Per Week	Max Aggregate Hours Per Year	Credit
0-10	515	50%
11-20	1050	30%

~~The Minimum Premium Requirement Rule applies to part time practitioners.
Part Time Credits are available for AHCP Classes 4 8B Only.~~

2. **Dental Hygienist in Training**

NOT AVAILABLE

3. **Locum Tenens**

NOT AVAILABLE

4. **Temporary Staffing Agency Rating Coverage**
(Occurrence & Standard Claims Made Programs)

Formula
(Applicable Manual Rate / 3120) * 1.60

5. **Leave of Absence**

Program Type	Credit
Occurrence	100%
Standard Claims Made	100%

6. **Military Leave of Absence**

Program Type	Credit
Occurrence	100%
Standard Claims Made	100%

7. **Schedule Rating**

(Occurrence & Standard Claims Made Programs)

The Medical Protective Company shall utilize the following schedule of modifications to determine appropriate premiums for certain insureds, or groups of insureds, who in the opinion of The Medical Protective Company, uniquely qualify for such modifications because of factors not contemplated in the filed rate structure of the company.

The premium for a risk may be modified in accordance with the following, subject to a maximum modification of -25% / +25%, to recognize risk characteristics that are not reflected in the otherwise applicable premium. All modifications applied under this schedule rating plan are subject to periodic review.

The modification shall be based on one or more of the following considerations:

- | | Credit / debit |
|--|----------------|
| 1. Organizational Management/ Structure | -10% to 10% |
| A. Performance of a quality review committee to evaluate patient encounter outcomes, address unexpected results and integrate suitable solutions. | |
| B. Existence of committee structure/processes to review healthcare procedures, treatments and protocols in order to address appropriate integration into the medical practice. | |
| C. Established guidelines, procedures and resources for the maintenance of medical equipment and premises. | |
| 2. Risk management Processes | -5% to 5% |
| A. On-site risk manager. | |
| B. Utilization of Patient surveys to identify and address potential risk factors. | |
| D. Dedicated resource(s) and Processes in place to assimilate and respond to patient complaints. | |
| 3. Classification anomalies | -10% to 10% |
| A. Characteristics of individual insureds within a classification that distinguish it from the typical risk characteristics of that classification. | |
| B. Recognition of recent medical/legal developments that are anticipated to impact future loss experience. | |
| 4. Claim anomalies | -10% to 10% |
| A. Unusual circumstances of a claim(s) that influence the frequency of claims and/or the ultimate severity of losses. | |
| B. Recognition of economic, societal or jurisdictional changes that tend to influence the ultimate severity of losses. | |
| 5. Professional staffing, training and patient relationships | -15% to 15% |
| A. Demonstrates stable, longstanding practice, continuity of healthcare providers and significant degree of experience in the area(s) of medicine. | |

- B. Volume and demographics of patient population appropriate for staffing levels and area(s) of medicine.
- C. Staffing sufficient to address appropriate availability of non-physicians and physicians during after hours and weekends.
- D. Degree to which staffing provides hospitalists and laborists for continuity of care
- E. Guidelines and compliance standards in place to support continuing professional education.
- F. Demonstrated effectiveness of credentialing and training for new staff members.
- G. Proportion of staff that is board certified in their respective medical specialty.

The aforementioned modifications contemplate the standard allowance for expenses and are subject to the maximum modification referenced above. If the expenses are less than standard, an additional modification may be made to reflect this reduction.

The aforementioned modifications contemplate the standard allowance for expenses and are subject to the maximum modification referenced above. If the expenses are less than standard, an additional modification may be made to reflect this reduction.

8. **Risk Management**
(Occurrence & Standard Claims Made Programs)

Year	Credit	Addtl Credit – if EMR
1	5%	2.5%
2	5%	2.5%
3	5%	2.5%

9. **Deductible Credits**
(Occurrence & Standard Claims Made Program)

PREMIUM CREDIT FOR LOSS ONLY DEDUCTIBLE

Deductible (000's)	Incident Policy Limit (000's)				
	100	200	250	500	1000
50	7% to 28%	6% to 12%	5% to 20%	3% to 16%	2% to 14%
100	17% to 46%	15% to 26%	13% to 32%	10% to 25%	8% to 22%
200		30% to 47%	26% to 52%	21% to 40%	17% to 33%
250			32% to 60%	26% to 46%	21% to 38%
500				43% to 69%	36% to 56%

PREMIUM CREDIT FOR LOSS AND ALE DEDUCTIBLE

Deductible (000's)	Incident Policy Limit (000's)				
	100	200	250	500	1000
50	16% to 44%	14% to 24%	12% to 30%	9% to 24%	6% to 20%
100	29% to 66%	26% to 41%	22% to 46%	17% to 35%	14% to 29%
200		44% to 67%	39% to 70%	31% to 53%	25% to 43%
250			45% to 79%	36% to 60%	30% to 49%
500				57% to 87%	46% to 70%

The Deductible Credits are applicable to the primary limit premium, net of all other applicable credits and subject to a maximum dollar credit of 85% of the aggregate limit. For Deductible and Limit combinations not listed, credits will be interpolated or extrapolated from the above ranges.

10. **Self-Insured Retention Credits**

NOT AVAILABLE

11. **Experience Rating**

NOT AVAILABLE

12. **Group Rating Rule**
(Occurrence & Standard Claims Made Programs)

AVAILABLE

13. **Slot Rating**
(Standard Claims Made Program)

AVAILABLE

14. **Full-Time Equivalency Rating**
(Occurrence & Standard Claims Made Programs)

AVAILABLE

15. **OPV Rating**
(Occurrence & Standard Claims Made Programs)

AVAILABLE

16. **Accelerated Extension Contract Rating**
(Standard Claims Made Program)

AVAILABLE

17. **Aggregate Credit Rule**
(Occurrence & Standard Claims Made Programs)

Max Available Credit
50%

18. **Quarterly Installment Option**

(Occurrence & Standard Claims Made Programs)

The following Interest Free Installment Payment Plans are available, at the insureds request.

- 4 PAY - 25% down, 3 equal quarterly payments thereafter

If manual premium is over \$150,000

- 25% Down, 9 equal monthly payments thereafter

The Company may assess installment fees. Such fees will not exceed \$25 or 1% of the total policy premium, whichever is less, and will not exceed a total fee payment of \$100 over any one policy term.

Premium bearing adjustments will be spread across remaining installments in equal amounts.

Installments are not available for Extension Contract Premium.

19. **Renewal Rate Rule**
(Occurrence & Standard Claims Made Programs)

Premium Threshold
\$250,000

20. **Deferred Premium Payment Plan**
(Occurrence & Standard Claims Made Programs)

Refer to Quarterly Installment Option rule.

21. **Temporary Staffing Rating Agency**
(Occurrence & Standard Claims Made Programs)

Formula
$(\text{Applicable Manual Rate} / 3120) * 1.60$

**THE
MEDICAL PROTECTIVE COMPANY**

FORT VALERIE, INDIANA 46385

Professional Protection Exclusively since 1899

ILLINOIS

ALLIED HEALTHCARE PROVIDERS

STANDARD CLAIMS MADE PROGRAM

EXTENSION CONTRACT FACTORS

YEARS RETROACTIVE DATE PRECEDES EXPIRATION DATE	CLASSES 1A-4	CLASSES 5-8B
1	0.750	0.700
2	1.000	1.000
3	1.100	1.150
4	1.150	1.200
5 OR MORE	1.200	1.250

~~FACTOR APPLIES TO MATURE CLAIMS MADE ALLIED HEALTHCARE PROVIDERS
RATE~~

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

ILLINOIS

ALLIED HEALTHCARE PROVIDERS

STANDARD CLAIMS MADE PROGRAM

EXTENSION CONTRACT RATING FACTORS

Years Retroactive Date Precedes Effective Date	<u>All Other Classes</u>	<u>Classes 18 & 20</u>	<u>Class 19</u>	<u>Classes 10, 12, 16</u>	<u>Classes 21 & 22</u>
<u>Less than 1</u>	<u>0.920</u>	<u>0.670</u>	<u>0.544</u>	<u>0.864</u>	<u>0.960</u>
<u>1</u>	<u>1.430</u>	<u>1.065</u>	<u>0.792</u>	<u>1.247</u>	<u>1.487</u>
<u>2</u>	<u>1.700</u>	<u>1.285</u>	<u>0.940</u>	<u>1.487</u>	<u>1.679</u>
<u>3</u>	<u>1.870</u>	<u>1.607</u>	<u>0.980</u>	<u>1.631</u>	<u>1.727</u>
<u>4 or More</u>	<u>1.870</u>	<u>1.607</u>	<u>0.990</u>	<u>1.631</u>	<u>1.727</u>

**THE
MEDICAL PROTECTIVE COMPANY**

FORT WAYNE, INDIANA 46835

Professional Protection Exclusively since 1899

ILLINOIS

ALLIED HEALTHCARE PROVIDERS

OCCURRENCE PROGRAM

INCREASED LIMITS TABLE

LIMITS	CLASSES 1A-5	CLASSES 6-8B
100/300	1.00	1.00
200/600	1.22	1.26
500/1000	1.46	1.63
1000/1000	1.75	1.94
1000/3000	1.80	2.00
2000/2000	2.05	2.41
2000/4000	2.12	2.48
3000/3000	2.22	2.68
3000/5000	2.29	2.75

~~IL-98-1~~

EFFECTIVE DATE **JAN 01 1999**

~~ILF-CW~~

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ILLINOIS

ALLIED HEALTHCARE PROVIDERS

OCCURRENCE PROGRAM

INCREASED LIMIT FACTORS

- Limits	<u>All Other Classes</u>	<u>Classes 18 & 20</u>	<u>Class 19</u>	<u>Classes 10, 12 & 16</u>	<u>Classes 21 & 22</u>
<u>100/300</u>	<u>0.667</u>	<u>0.496</u>	<u>0.461</u>	<u>0.645</u>	<u>0.588</u>
<u>200/600</u>	<u>0.719</u>	<u>0.670</u>	<u>0.581</u>	<u>0.684</u>	<u>0.706</u>
<u>500/1000</u>	<u>0.823</u>	<u>0.846</u>	<u>0.802</u>	<u>0.800</u>	<u>0.824</u>
<u>1000/1000</u>	<u>0.979</u>	<u>0.965</u>	<u>0.949</u>	<u>0.961</u>	<u>0.912</u>
<u>1000/3000</u>	<u>1.000</u>	<u>1.000</u>	<u>1.000</u>	<u>1.000</u>	<u>1.000</u>

MEDICAL PROTECTIVE COMPANY

FORT VAYNE, INDIANA 46835

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ALLIED HEALTHCARE PROVIDERS

STANDARD CLAIMS MADE PROGRAM

INCREASED LIMITS TABLE

LIMITS	CLASSES 1A-5	CLASSES 6-8B
100/300	1.00	1.00
200/600	1.22	1.26
500/1000	1.46	1.63
1000/1000	1.75	1.94
1000/3000	1.80	2.00
2000/2000	2.05	2.41
2000/4000	2.12	2.48
3000/3000	2.22	2.68
3000/5000	2.29	2.75

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STANDARD CLAIMS MADE PROGRAM

INCREASED LIMIT FACTORS

- Limits	<u>All Other Classes</u>	<u>Classes 18 & 20</u>	<u>Class 19</u>	<u>Classes 10, 12 & 16</u>	<u>Classes 21 & 22</u>
<u>100/300</u>	<u>0.667</u>	<u>0.496</u>	<u>0.461</u>	<u>0.645</u>	<u>0.588</u>
<u>200/600</u>	<u>0.719</u>	<u>0.670</u>	<u>0.581</u>	<u>0.684</u>	<u>0.706</u>
<u>500/1000</u>	<u>0.823</u>	<u>0.846</u>	<u>0.802</u>	<u>0.800</u>	<u>0.824</u>
<u>1000/1000</u>	<u>0.979</u>	<u>0.965</u>	<u>0.949</u>	<u>0.961</u>	<u>0.912</u>
<u>1000/3000</u>	<u>1.000</u>	<u>1.000</u>	<u>1.000</u>	<u>1.000</u>	<u>1.000</u>

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ILLINOIS

ALLIED HEALTHCARE PROVIDERS

STANDARD CLAIMS MADE PROGRAM

PART TIME PRACTICE RULE

ANY INSURED WHO PRACTICES ON AVERAGE 20 HOURS OR LESS IN A WEEK OR LESS THAN AN AGGREGATE OF 1,050 HOURS DURING THE TERM OF AN ANNUAL POLICY WILL BE CONSIDERED A PART TIME PRACTITIONER AND WILL BE ELIGIBLE FOR A REDUCTION IN THE OTHERWISE APPLICABLE RATE BASED ON THE FOLLOWING SCHEDULE.

<u>AVERAGE NUMBER HOURS PRACTICED PER WEEK</u>	<u>MAX. AGGREGATE HOURS PER YR</u>	<u>CREDIT</u>
0-10 HOURS	515	50%
11-20 HOURS	1,050	30%

NO OTHER CREDITS OR DISCOUNTS ARE TO APPLY CONCURRENT WITH THIS RULE EXCEPT RISK MANAGEMENT CREDIT AND SCHEDULE RATING MODIFICATIONS.

~~DUE THE TO~~ MINIMUM PREMIUM REQUIREMENTS S RULE, APPLIES TO PART TIME
~~CREDITS ARE AVAILABLE FOR CLASS 4-8B ONLY~~ PRACTITIONERS.

b. Additional Aggregate Corporation Limits (Physicians and Surgeons Only)

**ILLINOIS
PHYSICIANS AND SURGEONS
Additional Aggregate Limits for Part./Corp.
Surcharge to Primary Corp Premium**

Primary Limits of 1M/3M

Group Size	Additional Aggregate Limit			
	2M	7M	12M	17M
2-9	3.0%	8.0%	11.5%	13.5%
10-24	5.0%	12.5%	18.0%	21.0%
25-49	7.5%	17.5%	25.0%	29.5%
50-74	9.5%	21.5%	30.5%	36.5%
75-99	11.0%	24.5%	34.5%	41.0%
100-149	12.5%	28.0%	39.5%	48.0%
150-199	14.0%	31.5%	44.0%	52.5%
200+	15.0%	34.0%	48.0%	56.0%

Primary Limits of 2M/4M

Group Size	Additional Aggregate Limit			
	2M	6M	11M	16M
2-9	2.0%	5.0%	7.0%	8.0%
10-24	3.0%	8.0%	11.0%	13.0%
25-49	5.0%	11.0%	15.0%	18.0%
50-74	6.0%	13.0%	18.0%	22.0%
75-99	7.0%	15.0%	21.0%	25.0%
100-149	8.0%	17.0%	24.0%	29.0%
150-199	8.0%	19.0%	26.0%	32.0%
200+	9.0%	20.0%	29.0%	34.0%

c. The basic Limits of Liability for Professional Liability Coverage for Allied Healthcare Providers, Partnerships or Associations under this program shall be as follows, unless otherwise modified by statute:

\$1,000,000 Each Health Care Occurrence
\$3,000,000 Aggregate

e.d. A flat fee of \$500 for 100M/300M limits shall apply if the Corporation, Partnership or Association consists only of Allied Health Care Providers. For higher limits, apply the AHCP Allied Healthcare Providers "All other Classes" increased limits factors found in the rates section of this manual for different limit options. Section V rate pages for AHCP classes 1A-5.

d.e. The premium otherwise determined for the partnership or corporation may be discounted 50% should the insured elect to exclude the vicarious liability associated with the partners', shareholders' and employed/contracted physicians' professional services.

2. **Miscellaneous Entities**

NOT AVAILABLE

3. **Extended Reporting Period Coverage Factors**

Years Retroactive Date Precedes Expiration Date	Physicians & Surgeons	Dentists	Allied— Classes 1A-4	Allied— Classes 5-8B
1	0.900	0.900	.7500	.7000
2	1.500	1.500	1.000	1.000
3	1.700	1.750	1.100	1.150
4	1.820	1.900	1.150	1.200
5 or more	1.820	1.900	1.200	1.250

C. **Policy Writing Minimum Premium**
(Occurrence & Standard Claims Made Programs)

Specialty Type	Minimum Premium
Physician & Surgeons	\$250
Dentists	\$50
Allied Health Care Providers	\$50

The highest applicable minimum premium shall prevail.

D. **Premium Modifications**

1. **Schedule Rating – Partnerships & Corporations**
(Occurrence & Standard Claims Made Programs)

Specialty Type	Limited to a Maximum Modification of:
Physician & Surgeons	+/- 25%
Dentists	+/- 25%
Allied Health Care Providers	+/- 25%

Criteria applicable to the Schedule Rating modifications will be determined by the type(s) of health care providers and can be found in the Physician/Surgeon, Dentists or Allied Health Care Provider Section of the State Rate Pages.

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ILLINOIS

ALLIED HEALTHCARE PROVIDERS

OCCURRENCE PROGRAM

MINIMUM PREMIUM REQUIREMENT RULE

| ALL POLICIES ARE SUBJECT TO A MINIMUM PREMIUM OF \$~~5~~10. THE MINIMUM PREMIUM WILL BE RETAINED WHEN THE INSURED REQUESTS CANCELLATION UNLESS THE POLICY IS CANCELED AS OF THE INCEPTION DATE.

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ILLINOIS

ALLIED HEALTHCARE PROVIDERS

STANDARD CLAIMS MADE PROGRAM

MINIMUM PREMIUM REQUIREMENT RULE

| ALL POLICIES ARE SUBJECT TO A MINIMUM PREMIUM OF \$~~5~~10. THE MINIMUM PREMIUM WILL BE RETAINED WHEN THE INSURED REQUESTS CANCELLATION UNLESS THE POLICY IS CANCELED AS OF THE INCEPTION DATE.

3. **Extended Reporting Period Coverage Factors**

Years Retroactive Date Precedes Expiration Date	Physicians & Surgeons	Dentists
1	0.900	0.900
2	1.500	1.500
3	1.700	1.750
4	1.820	1.900
5 or more	1.820	1.900

C. **Policy Writing Minimum Premium**
(Occurrence & Standard Claims Made Programs)

Specialty Type	Minimum Premium
Physician & Surgeons	\$250
Dentists	\$50
Allied Health Care Providers	\$50

The highest applicable minimum premium shall prevail.

D. **Premium Modifications**

1. **Schedule Rating – Partnerships & Corporations**
(Occurrence & Standard Claims Made Programs)

Specialty Type	Limited to a Maximum Modification of:
Physician & Surgeons	+/- 25%
Dentists	+/- 25%
Allied Health Care Providers	+/- 25%

Criteria applicable to the Schedule Rating modifications will be determined by the type(s) of health care providers and can be found in the Physician/Surgeon, Dentists or Allied Health Care Provider Section of the State Rate Pages.

C. **Policy Writing Minimum Premium**
(Occurrence & Standard Claims Made Programs)

Allied Health Care Provider	\$ 5 <u>10</u>
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D. **Premium Modifications**

1. **Part Time Allied Health Care Provider**
(Occurrence & Standard Claims Made Programs)

Hours Practicing Per Week	Max Aggregate Hours Per Year	Credit
0-10	515	50%
11-20	1050	30%

The Minimum Premium Requirement Rule applies to part time practitioners.

2. **Dental Hygienist in Training**

NOT AVAILABLE

3. **Locum Tenens**

NOT AVAILABLE

4. **Temporary Staffing Agency Rating Coverage**
(Occurrence & Standard Claims Made Programs)

Formula
(Applicable Manual Rate / 3120) * 1.60

5. **Leave of Absence**

Program Type	Credit
Occurrence	100%
Standard Claims Made	100%

6. **Military Leave of Absence**

Program Type	Credit
Occurrence	100%
Standard Claims Made	100%

State: Illinois
TOI/Sub-TOI: 11.0 Medical Malpractice - Claims Made/Occurrence/11.0000 Med Mal Sub-TOI Combinations
Product Name: Allieds and Comprehensive Liability Coverage for Healthcare Program
Project Name/Number: Rate and Rule Filing/12-ILA-01

Filing Company: The Medical Protective Company

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date	Schedule Item Status	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
01/29/2013		Supporting Document	Strike thru's	06/10/2013	IL CM Class Plan Strike Thru.pdf IL OCC Class Plan Strike Thru.pdf PCC OCC Strike Thru.pdf PCC SCM Strike Thru.pdf PTP OCC Strike Thru.pdf Section V State Exception Strike Thru.pdf IL ECF Strike Thru.pdf IL OCC ILF Strike Thru.pdf IL SCM ILF Strike Thru.pdf PTP SCM Strike Thru.pdf Section II State Rate Page Strike Thru.pdf
12/17/2012		Rate	IL - State Rate Pages - Section II - Corporations, Partnerships & Associations	06/10/2013	Section II State Rate Page.pdf (Superceded)
12/17/2012		Rate	IL - State Rate Pages - Section V - Allied Healthcare Providers	06/10/2013	Section V State Exception.pdf (Superceded)
12/17/2012		Supporting Document	Form RF3 - (Summary Sheet)	01/29/2013	IL RF3 transmittal.pdf (Superceded)

b. Additional Aggregate Corporation Limits (Physicians and Surgeons Only)

**ILLINOIS
PHYSICIANS AND SURGEONS
Additional Aggregate Limits for Part./Corp.
Surcharge to Primary Corp Premium**

Primary Limits of 1M/3M

Group Size	Additional Aggregate Limit			
	2M	7M	12M	17M
2-9	3.0%	8.0%	11.5%	13.5%
10-24	5.0%	12.5%	18.0%	21.0%
25-49	7.5%	17.5%	25.0%	29.5%
50-74	9.5%	21.5%	30.5%	36.5%
75-99	11.0%	24.5%	34.5%	41.0%
100-149	12.5%	28.0%	39.5%	48.0%
150-199	14.0%	31.5%	44.0%	52.5%
200+	15.0%	34.0%	48.0%	56.0%

Primary Limits of 2M/4M

Group Size	Additional Aggregate Limit			
	2M	6M	11M	16M
2-9	2.0%	5.0%	7.0%	8.0%
10-24	3.0%	8.0%	11.0%	13.0%
25-49	5.0%	11.0%	15.0%	18.0%
50-74	6.0%	13.0%	18.0%	22.0%
75-99	7.0%	15.0%	21.0%	25.0%
100-149	8.0%	17.0%	24.0%	29.0%
150-199	8.0%	19.0%	26.0%	32.0%
200+	9.0%	20.0%	29.0%	34.0%

- c. The basic Limits of Liability for Professional Liability Coverage for Allied Healthcare Providers, Partnerships or Associations under this program shall be as follows, unless otherwise modified by statute:

\$1,000,000 Each Health Care Occurrence
\$3,000,000 Aggregate

- d. A flat fee of \$500 for 1M/3M limits shall apply if the Corporation, Partnership or Association consists only of Allied Health Care Providers. Apply the Allied Healthcare Providers “All other Classes” Increased Limits Factors found in the rates section of this manual for different limit options.
- e. The premium otherwise determined for the partnership or corporation may be discounted 50% should the insured elect to exclude the vicarious liability associated with the partners’, shareholders’ and employed/contracted physicians’ professional services.

2. **Miscellaneous Entities**

NOT AVAILABLE

3. **Extended Reporting Period Coverage Factors**

Years Retroactive Date Precedes Expiration Date	Physicians & Surgeons	Dentists
1	0.900	0.900
2	1.500	1.500
3	1.700	1.750
4	1.820	1.900
5 or more	1.820	1.900

C. **Policy Writing Minimum Premium**
(Occurrence & Standard Claims Made Programs)

Specialty Type	Minimum Premium
Physician & Surgeons	\$250
Dentists	\$50
Allied Health Care Providers	\$50

The highest applicable minimum premium shall prevail.

D. **Premium Modifications**

1. **Schedule Rating – Partnerships & Corporations**
(Occurrence & Standard Claims Made Programs)

Specialty Type	Limited to a Maximum Modification of:
Physician & Surgeons	+/- 25%
Dentists	+/- 25%
Allied Health Care Providers	+/- 25%

Criteria applicable to the Schedule Rating modifications will be determined by the type(s) of health care providers and can be found in the Physician/Surgeon, Dentists or Allied Health Care Provider Section of the State Rate Pages.

A. Classifications

1. Applicable to the Occurrence and Standard Claims Made Programs.
2. The following classification plan shall be used to determine the appropriate rating class for each individual insured.

CLASS 1

Dental Assistant.

CLASS 2

Dental Hygienist.

CLASS 3

Physical Therapy Assistant.

CLASS 4

Audiologist/Speech Pathologist and Occupational Therapist Assistant.

CLASS 5

Cardiology Technologist, Clinical Laboratory Technologist, Dietician, Electrocardiograph Technician, Electroneurodiagnostic Technologist, Licensed Practicing Nurse, Medical Laboratory Technician, Medical (Office) Assistant, Medical Records Technician, Nuclear Medicine Technologist, Occupational Therapist, Radiation Therapy Technologist, Registered Nurse, Respiratory Therapist, Respiratory Therapy Assistant, Surgical Technician and X-Ray Technician.

CLASS 6

Case Manager, Counselor and Social Worker.

CLASS 7

Pharmacist.

CLASS 8

Physical Therapist - Non Owner.

CLASS 9

Perfusionist.

CLASS 10

Optician.

CLASS 11

Paramedic/EMT.

CLASS 12

Ophthalmic Technologist.

CLASS 13

Psychologist.

CLASS 14

Physical Therapist – Owner.

CLASS 15

Nurse Midwife Assistant.

CLASS 16

Optometrist.

CLASS 17

Nurse Practitioner (Non-Prescribing), Nurse Practitioner (Prescribing) and Nurse Surgical Assistant.

CLASS 18

Physician's Assistant (Non-Prescribing) and Physician's Assistant (Prescribing).

CLASS 19

Anesthesia Assistant, Certified Registered Nurse Anesthetist and Registered Nurse Anesthetist.

CLASS 20

Physician Surgical Assistant.

CLASS 21

Podiatrist (No Surgery).

CLASS 22

Podiatrist (Surgery).

CLASS 23

Nurse Midwife.

B. Manual Rates

1. Territory Definitions

Area1	Cook County
Area2	Remainder of State

OCCURRENCE RATES					
Area 1					
Class	100/300	200/600	500/1000	1000/1000	1000/3000
1	41	44	50	60	61
2	49	53	61	72	74
3	61	65	75	89	91
4	65	70	80	95	97
5	75	81	92	110	112
6	91	99	113	134	137
7	107	115	132	157	160
8	119	129	147	175	179
9	131	141	161	192	196
10	128	136	159	191	199
11	133	144	165	196	200
12	193	205	239	287	299
13	315	340	389	463	473
14	335	361	413	491	502
15	436	470	538	640	654
16	410	435	509	611	636
17	523	564	645	768	784
18	2,488	3,361	4,244	4,841	5,017
19	2,694	3,395	4,687	5,546	5,844
20	3,732	5,042	6,366	7,262	7,525
21	3,744	4,495	5,246	5,807	6,367
22	5,425	6,514	7,603	8,415	9,227
23	15,182	16,366	18,733	22,284	22,762

ALLIED HEALTHCARE PROVIDERS STANDARD CLAIMS MADE RATES Area 1 0 YRS SINCE RETROACTIVE DATE					
Class	100/300	200/600	500/1000	1000/1000	1000/3000
1	13	14	16	20	20
2	16	17	20	23	24
3	19	21	24	28	29
4	21	22	26	30	31
5	24	26	30	35	36
6	29	32	36	43	44
7	34	37	42	50	51
8	38	41	47	56	57
9	42	45	52	62	63
10	43	45	53	63	66
11	43	46	53	63	64
12	64	68	79	95	99
13	101	109	124	148	151
14	107	116	133	158	161
15	139	150	172	205	209
16	137	145	170	204	212
17	167	180	207	246	251
18	906	1,224	1,546	1,763	1,827
19	1,450	1,827	2,522	2,985	3,145
20	1,359	1,836	2,318	2,644	2,740
21	1,422	1,708	1,993	2,206	2,419
22	2,062	2,475	2,889	3,197	3,506
23	4,852	5,230	5,987	7,121	7,274

ALLIED HEALTHCARE PROVIDERS					
Area 1					
1 YR SINCE RETROACTIVE DATE					
Class	100/300	200/600	500/1000	1000/1000	1000/3000
1	23	25	29	34	35
2	29	31	35	42	43
3	35	37	43	51	52
4	37	40	45	54	55
5	42	45	52	62	63
6	52	56	64	76	78
7	61	65	75	89	91
8	68	73	84	100	102
9	75	81	92	110	112
10	73	77	90	109	113
11	76	82	94	112	114
12	110	116	136	163	170
13	180	194	222	264	270
14	191	206	235	280	286
15	249	268	307	365	373
16	234	248	290	349	363
17	298	321	368	438	447
18	1,721	2,325	2,936	3,349	3,470
19	2,111	2,660	3,672	4,345	4,579
20	2,581	3,487	4,403	5,022	5,204
21	2,134	2,562	2,990	3,310	3,629
22	3,092	3,713	4,333	4,796	5,259
23	8,652	9,327	10,676	12,700	12,972

ALLIED HEALTHCARE PROVIDERS Area 1 2 YRS SINCE RETROACTIVE DATE					
Class	100/300	200/600	500/1000	1000/1000	1000/3000
1	31	34	39	46	47
2	39	42	48	57	58
3	47	50	58	69	70
4	50	54	62	73	75
5	57	62	71	84	86
6	70	75	86	103	105
7	82	88	101	120	123
8	92	99	114	135	138
9	101	109	124	148	151
10	92	97	114	136	142
11	103	111	127	151	154
12	137	146	170	205	213
13	243	262	300	356	364
14	258	278	319	379	387
15	336	362	414	492	503
16	293	311	363	436	454
17	403	434	497	591	604
18	2,216	2,994	3,780	4,312	4,468
19	2,506	3,158	4,359	5,158	5,435
20	3,324	4,490	5,669	6,466	6,701
21	3,023	3,630	4,236	4,689	5,141
22	4,381	5,260	6,139	6,794	7,450
23	11,687	12,598	14,420	17,153	17,521

ALLIED HEALTHCARE PROVIDERS					
Area 1					
3 YRS SINCE RETROACTIVE DATE					
Class	100/300	200/600	500/1000	1000/1000	1000/3000
1	35	37	43	51	52
2	42	45	52	62	63
3	51	55	63	74	76
4	54	58	67	79	81
5	62	67	77	91	93
6	76	82	94	112	114
7	89	96	110	131	134
8	100	108	123	147	150
9	110	119	136	162	165
10	104	110	129	155	161
11	112	121	138	164	168
12	156	166	194	233	242
13	265	285	327	389	397
14	281	303	346	412	421
15	366	395	452	537	549
16	332	352	411	494	514
17	439	473	542	644	658
18	2,260	3,053	3,855	4,398	4,557
19	2,612	3,292	4,544	5,377	5,666
20	3,390	4,579	5,782	6,596	6,835
21	3,556	4,270	4,984	5,516	6,048
22	5,154	6,188	7,222	7,994	8,765
23	12,738	13,731	15,718	18,697	19,098

ALLIED HEALTHCARE PROVIDERS					
Area 1					
MATURE					
Class	100/300	200/600	500/1000	1000/1000	1000/3000
1	41	44	50	60	61
2	49	53	61	72	74
3	60	65	74	88	90
4	64	69	79	94	96
5	73	79	91	108	110
6	90	97	111	132	135
7	105	114	130	155	158
8	118	127	146	173	177
9	129	139	160	190	194
10	122	129	151	182	189
11	132	142	163	194	198
12	183	194	227	273	284
13	312	336	385	458	468
14	331	357	409	487	497
15	432	465	532	633	647
16	390	414	484	581	605
17	518	558	639	760	776
18	2,260	3,053	3,855	4,398	4,557
19	2,639	3,326	4,591	5,432	5,724
20	3,390	4,579	5,782	6,596	6,835
21	3,556	4,270	4,984	5,516	6,048
22	5,154	6,188	7,222	7,994	8,765
23	15,022	16,193	18,535	22,048	22,521

OCCURRENCE RATES					
Area 2					
Class	100/300	200/600	500/1000	1000/1000	1000/3000
1	34	37	42	50	51
2	41	45	51	61	62
3	51	55	63	74	76
4	54	58	67	79	81
5	62	67	77	91	93
6	76	82	94	112	114
7	89	96	109	130	133
8	99	107	123	146	149
9	109	117	134	160	163
10	107	114	133	160	166
11	111	120	137	163	167
12	161	170	199	239	249
13	263	283	324	386	394
14	279	301	344	409	418
15	364	392	449	534	545
16	342	363	424	509	530
17	436	470	537	639	653
18	2,073	2,800	3,535	4,033	4,179
19	2,244	2,828	3,904	4,620	4,868
20	3,109	4,200	5,303	6,049	6,268
21	3,119	3,745	4,370	4,837	5,304
22	4,519	5,426	6,333	7,010	7,686
23	12,646	13,632	15,604	18,562	18,960

ALLIED HEALTHCARE PROVIDERS STANDARD CLAIMS MADE RATES Area 2 0 YRS SINCE RETROACTIVE DATE					
Class	100/300	200/600	500/1000	1000/1000	1000/3000
1	11	12	13	16	16
2	13	14	16	20	20
3	16	17	20	23	24
4	17	19	21	25	26
5	20	22	25	29	30
6	24	26	30	35	36
7	29	31	35	42	43
8	31	34	39	46	47
9	35	37	43	51	52
10	35	38	44	53	55
11	35	38	44	52	53
12	54	57	66	80	83
13	84	91	104	123	126
14	89	96	110	131	134
15	116	125	143	170	174
16	114	120	141	169	176
17	139	150	172	205	209
18	755	1,020	1,288	1,469	1,522
19	1,209	1,523	2,103	2,488	2,622
20	1,132	1,530	1,931	2,203	2,283
21	1,185	1,423	1,661	1,839	2,016
22	1,718	2,062	2,407	2,664	2,921
23	4,043	4,359	4,989	5,935	6,062

ALLIED HEALTHCARE PROVIDERS					
Area 2					
1 YR SINCE RETROACTIVE DATE					
Class	100/300	200/600	500/1000	1000/1000	1000/3000
1	19	21	24	28	29
2	23	25	29	34	35
3	29	31	35	42	43
4	31	33	38	45	46
5	35	38	44	52	53
6	43	47	53	64	65
7	51	55	63	74	76
8	57	61	70	83	85
9	62	67	77	91	93
10	61	64	75	90	94
11	63	68	78	93	95
12	92	97	114	136	142
13	150	162	185	220	225
14	159	171	196	233	238
15	207	223	255	303	310
16	195	207	242	290	302
17	248	267	306	364	372
18	1,434	1,938	2,447	2,791	2,892
19	1,760	2,218	3,061	3,622	3,817
20	2,151	2,906	3,669	4,185	4,337
21	1,778	2,135	2,492	2,758	3,024
22	2,577	3,094	3,611	3,996	4,382
23	7,210	7,772	8,897	10,583	10,810

ALLIED HEALTHCARE PROVIDERS Area 2 2 YRS SINCE RETROACTIVE DATE					
Class	100/300	200/600	500/1000	1000/1000	1000/3000
1	26	28	32	38	39
2	31	34	39	46	47
3	39	42	48	57	58
4	41	45	51	61	62
5	48	52	59	70	72
6	59	63	72	86	88
7	69	74	85	101	103
8	76	82	94	112	114
9	83	90	103	122	125
10	76	81	94	113	118
11	85	92	105	125	128
12	114	121	142	170	177
13	202	218	249	297	303
14	215	232	265	315	322
15	279	301	345	410	419
16	244	259	302	363	378
17	336	362	414	492	503
18	1,847	2,494	3,150	3,593	3,723
19	2,088	2,632	3,633	4,299	4,530
20	2,770	3,741	4,724	5,389	5,584
21	2,519	3,025	3,530	3,907	4,284
22	3,650	4,383	5,115	5,662	6,208
23	9,740	10,499	12,017	14,295	14,602

ALLIED HEALTHCARE PROVIDERS Area 2 3 YRS SINCE RETROACTIVE DATE					
Class	100/300	200/600	500/1000	1000/1000	1000/3000
1	28	30	35	41	42
2	35	37	43	51	52
3	43	46	53	63	64
4	45	49	56	67	68
5	52	56	64	76	78
6	64	69	79	94	96
7	75	81	92	110	112
8	83	90	103	122	125
9	91	99	113	134	137
10	86	92	107	129	134
11	93	101	115	137	140
12	130	137	161	193	201
13	221	238	272	324	331
14	234	252	289	344	351
15	305	329	376	447	457
16	276	293	342	411	428
17	366	394	451	536	548
18	1,884	2,545	3,213	3,665	3,798
19	2,177	2,744	3,788	4,482	4,723
20	2,825	3,816	4,818	5,496	5,695
21	2,964	3,558	4,153	4,596	5,040
22	4,295	5,157	6,018	6,661	7,304
23	10,615	11,443	13,098	15,581	15,915

ALLIED HEALTHCARE PROVIDERS					
Area 2					
MATURE					
Class	100/300	200/600	500/1000	1000/1000	1000/3000
1	33	36	41	49	50
2	41	44	50	60	61
3	50	54	62	73	75
4	53	58	66	78	80
5	61	66	76	90	92
6	75	81	93	111	113
7	88	95	109	129	132
8	98	106	121	144	147
9	107	116	133	158	161
10	101	107	126	151	157
11	110	119	136	162	165
12	152	161	189	227	236
13	260	280	321	382	390
14	276	298	341	405	414
15	360	388	444	528	539
16	325	345	403	484	504
17	431	464	532	632	646
18	1,884	2,545	3,213	3,665	3,798
19	2,199	2,772	3,826	4,528	4,771
20	2,825	3,816	4,818	5,496	5,695
21	2,964	3,558	4,153	4,596	5,040
22	4,295	5,157	6,018	6,661	7,304
23	12,518	13,494	15,446	18,374	18,768

4. Increased Limits Factors

Limits	All Other Classes	Classes 18 & 20	Class 19	Classes 10, 12 & 16	Classes 21 & 22
100/300	0.667	0.496	0.461	0.645	0.588
200/600	0.719	0.670	0.581	0.684	0.706
500/1000	0.823	0.846	0.802	0.800	0.824
1000/1000	0.979	0.965	0.949	0.961	0.912
1000/3000	1.000	1.000	1.000	1.000	1.000

5. Excess Limit Factors

Limits	All Other Classes	Classes 18 & 20	Class 19	Classes 10, 12 & 16	Classes 21 & 22
1M/1M xs 1M/3M	1.198	1.198	1.180	1.129	1.200
2M/2M xs 1M/3M	1.366	1.376	1.355	1.277	1.476
3M/3M xs 1M/3M	1.509	1.536	1.512	1.438	1.793
4M/4M xs 1M/3M	1.631	1.680	1.655	1.613	2.140

Note: For aggregate limits not listed above, refer to company

6. Extension Contract Factors

Years Retroactive Date Precedes Effective Date	All Other Classes	Classes 18 & 20	Class 19	Classes 10, 12, 16	Classes 21 & 22
Less than 1	0.920	0.670	0.544	0.864	0.960
1	1.430	1.065	0.792	1.247	1.487
2	1.700	1.285	0.940	1.487	1.679
3	1.870	1.607	0.980	1.631	1.727
4 or More	1.870	1.607	0.990	1.631	1.727

7. Shared Limits Modification

Modification
Up to 25%

C. **Policy Writing Minimum Premium**
(Occurrence & Standard Claims Made Programs)

Allied Health Care Provider	\$50
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D. **Premium Modifications**

1. **Part Time Allied Health Care Provider**
(Occurrence & Standard Claims Made Programs)

Hours Practicing Per Week	Max Aggregate Hours Per Year	Credit
0-10	515	50%
11-20	1050	30%

The Minimum Premium Requirement Rule applies to part time practitioners.

2. **Dental Hygienist in Training**

NOT AVAILABLE

3. **Locum Tenens**

NOT AVAILABLE

4. **Temporary Staffing Agency Rating Coverage**
(Occurrence & Standard Claims Made Programs)

Formula
$(\text{Applicable Manual Rate} / 3120) * 1.60$

5. **Leave of Absence**

Program Type	Credit
Occurrence	100%
Standard Claims Made	100%

6. **Military Leave of Absence**

Program Type	Credit
Occurrence	100%
Standard Claims Made	100%

7. **Schedule Rating**
(Occurrence & Standard Claims Made Programs)

The Medical Protective Company shall utilize the following schedule of modifications to determine appropriate premiums for certain insureds, or groups of insureds, who in the opinion of The Medical Protective Company, uniquely qualify for such modifications because of factors not contemplated in the filed rate structure of the company.

The premium for a risk may be modified in accordance with the following, subject to a maximum modification of -25% / +25%, to recognize risk characteristics that are not reflected in the otherwise applicable premium. All modifications applied under this schedule rating plan are subject to periodic review.

The modification shall be based on one or more of the following considerations:

- | | Credit / debit |
|--|----------------|
| 1. Organizational Management/ Structure | -10% to 10% |
| A. Performance of a quality review committee to evaluate patient encounter outcomes, address unexpected results and integrate suitable solutions. | |
| B. Existence of committee structure/processes to review healthcare procedures, treatments and protocols in order to address appropriate integration into the medical practice. | |
| C. Established guidelines, procedures and resources for the maintenance of medical equipment and premises. | |
| 2. Risk management Processes | -5% to 5% |
| A. On-site risk manager. | |
| B. Utilization of Patient surveys to identify and address potential risk factors. | |
| D. Dedicated resource(s) and Processes in place to assimilate and respond to patient complaints. | |
| 3. Classification anomalies | -10% to 10% |
| A. Characteristics of individual insureds within a classification that distinguish it from the typical risk characteristics of that classification. | |
| B. Recognition of recent medical/legal developments that are anticipated to impact future loss experience. | |
| 4. Claim anomalies | -10% to 10% |
| A. Unusual circumstances of a claim(s) that influence the frequency of claims and/or the ultimate severity of losses. | |
| B. Recognition of economic, societal or jurisdictional changes that tend to influence the ultimate severity of losses. | |
| 5. Professional staffing, training and patient relationships | -15% to 15% |
| A. Demonstrates stable, longstanding practice, continuity of healthcare providers and significant degree of experience in the area(s) of medicine. | |
| B. Volume and demographics of patient population appropriate for staffing levels and area(s) of medicine. | |
| C. Staffing sufficient to address appropriate availability of non-physicians and physicians during after hours and weekends. | |
| D. Degree to which staffing provides hospitalists and laborists for continuity of care | |

- E. Guidelines and compliance standards in place to support continuing professional education.
- F. Demonstrated effectiveness of credentialing and training for new staff members.
- G. Proportion of staff that is board certified in their respective medical specialty.

The aforementioned modifications contemplate the standard allowance for expenses and are subject to the maximum modification referenced above. If the expenses are less than standard, an additional modification may be made to reflect this reduction.

The aforementioned modifications contemplate the standard allowance for expenses and are subject to the maximum modification referenced above. If the expenses are less than standard, an additional modification may be made to reflect this reduction.

8. **Risk Management**
(Occurrence & Standard Claims Made Programs)

Year	Credit	Addtl Credit – if EMR
1	5%	2.5%
2	5%	2.5%
3	5%	2.5%

9. **Deductible Credits**
(Occurrence & Standard Claims Made Program)

PREMIUM CREDIT FOR LOSS ONLY DEDUCTIBLE

Deductible (000's)	Incident Policy Limit (000's)				
	100	200	250	500	1000
50	7% to 28%	6% to 12%	5% to 20%	3% to 16%	2% to 14%
100	17% to 46%	15% to 26%	13% to 32%	10% to 25%	8% to 22%
200		30% to 47%	26% to 52%	21% to 40%	17% to 33%
250			32% to 60%	26% to 46%	21% to 38%
500				43% to 69%	36% to 56%

PREMIUM CREDIT FOR LOSS AND ALE DEDUCTIBLE

Deductible (000's)	Incident Policy Limit (000's)				
	100	200	250	500	1000
50	16% to 44%	14% to 24%	12% to 30%	9% to 24%	6% to 20%
100	29% to 66%	26% to 41%	22% to 46%	17% to 35%	14% to 29%
200		44% to 67%	39% to 70%	31% to 53%	25% to 43%
250			45% to 79%	36% to 60%	30% to 49%
500				57% to 87%	46% to 70%

The Deductible Credits are applicable to the primary limit premium, net of all other applicable credits and subject to a maximum dollar credit of 85% of the aggregate limit.

For Deductible and Limit combinations not listed, credits will be interpolated or extrapolated from the above ranges.

10. **Self-Insured Retention Credits**

NOT AVAILABLE

11. **Experience Rating**

NOT AVAILABLE

12. **Group Rating Rule**
(Occurrence & Standard Claims Made Programs)

AVAILABLE

13. **Slot Rating**
(Standard Claims Made Program)

AVAILABLE

14. **Full-Time Equivalency Rating**
(Occurrence & Standard Claims Made Programs)

AVAILABLE

15. **OPV Rating**
(Occurrence & Standard Claims Made Programs)

AVAILABLE

16. **Accelerated Extension Contract Rating**
(Standard Claims Made Program)

AVAILABLE

17. **Aggregate Credit Rule**
(Occurrence & Standard Claims Made Programs)

Max Available Credit
50%

18. **Quarterly Installment Option**

(Occurrence & Standard Claims Made Programs)

The following Interest Free Installment Payment Plans are available, at the insureds request.

- 4 PAY - 25% down, 3 equal quarterly payments thereafter

If manual premium is over \$150,000

- 25% Down, 9 equal monthly payments thereafter

The Company may assess installment fees. Such fees will not exceed \$25 or 1% of the total policy premium, whichever is less, and will not exceed a total fee payment of \$100 over any one policy term.

Premium bearing adjustments will be spread across remaining installments in equal amounts.

Installments are not available for Extension Contract Premium.

19. **Renewal Rate Rule**

(Occurrence & Standard Claims Made Programs)

Premium Threshold
\$250,000

20. **Deferred Premium Payment Plan**

(Occurrence & Standard Claims Made Programs)

Refer to Quarterly Installment Option rule.

21. **Temporary Staffing Rating Agency**

(Occurrence & Standard Claims Made Programs)

Formula
$(\text{Applicable Manual Rate} / 3120) * 1.60$

Section 754. EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF - 3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision
effective: 4/1/2013

	(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+or-)**
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other: Allied Healthcare Professional Liability Life Insurance	189,746	-0.5%

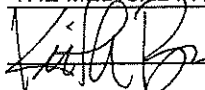
Does filing only apply to certain territory (territories) or certain
Classes ? If so,
specify:

Brief Description of filing. (If filing follows rates of an advisory
Organization, specify
organization):

*Adjusted to reflect all prior rate changes

**Change in Company's premium level which will result fro application of new
rates.

THE MEDICAL PROTECTIVE COMPANY

 Name of Company
Vice President
Official - Title